

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesa, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Geology, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator SAMSON RESOURCES COMPANY Well API No. 30-025-21931-00-51  
Address Two West Second Street Tulsa, OK 74103  
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
☐ Recompletion ☐ Oil ☐ Dry Gas ☐  
☒ Change in Operator ☒ Casinghead Gas ☐ Condensate Effective 3-1-93  
If change of operator give name and address of previous operator Geodyne Operating Company 320 South Boston Tulsa, OK 74103-3708

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 11-20-34 Well No. 2 Pool Name, Including Formation Lea (Bone Spring) Kind of Lease 50% Federal 50% R&E Lease No. NM-0631  
Location Unit Letter F N 2080 Feet From The West Line and 760 Feet From The South Line  
Section 11 Township 20-S Range 34-E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240  
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips 66 Natural Gas Company GPM Gas Corporation 4001 Penbrook, Odessa, Texas 79762  
If well produces oil or liquids, give location of tanks. Unit F Sec. 11 Twp. 20S Rge. 34E Is gas actually connected? Yes When? April 6, 1967

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF  
GAS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pucl, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Lila L. Miller Production Analyst  
Printed Name Lila L. Miller Title  
6-3-93 (918) 583-1791  
Date Telephone No

OIL CONSERVATION DIVISION

JUN - 7 1993

Date Approved ORIGINAL SIGNED BY JERRY SEXTON  
By DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.