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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Operator 30-025-31138 SAMSON RESOURCES COMPANY Address 74103 Tulsa, OK Two West Second Street Other (Piease explain) Reason(s) for Filing (Check proper box, Change in Transporter of: New Well X Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. | Pool Name, Including Formation Lease No. Lease Name State Federal or Fee NM-17238 TES-BONE SPRINGS SMITH RANCH FEDERAL Location 660 Feet From The North Line and 1980 Feet From The Unit Letter _____C Range 33E 11 Township 20S , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sen! Name of Authorized Transporter of Oil or Condensate P. O. Box 60028 San Angelo, TX 76906 Texas/New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent Name of Authorized Transporter of Casinghead Gas Romains the same Com Casingham 区 or Dry Gas Lorp Rge. | Is gas actually connected? When? Twp Sec i if well produces oil or liquids, Unit gave location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res v Diff Ress New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D Date Compl. Ready to Prod. Date Soudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoc Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbis **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shui-in) Choke Size Tubing Pressure (Shut-in) Tesung Method (puot. back pr VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 13 1993 is true and complete to the best of my knowledge and belief Date Approved ORIGINAL SIGNED BY JERRY SEXTON DISTRICT | SUPERVISOR SIZOSUÌTE Lila L. Production Analyst Miller Title Practed Name Title

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

7-8-93

(918)

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordant with Rule 11:
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

583-1791

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells

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