STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Samedan Oil Corporation

CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/2/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

Address
600 N. Marienfeld, Suite 320, Midland, Texas, 79701

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)
Open Abo Zone Up

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. 1-1-84

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Parks "A"	3	Wantz (Abo) R-1419	State, Federal or Fee Fee	

Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 14 Township 22S Range 37-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Western Oil Transportation Co.

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 838 Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Getty

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1135, Eunice, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	14	22S	37E	No	11-15-83

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X							X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-11-83	10-29-83	7130'	7130'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3333' GL	Abo	Oil	6415'

Perforations
6819, 6823, 6830, 6834, 6841, 6870, 6873, 6884

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	292'	
12-1/4"	9-5/8"	2874'	1000 sx Cement
8-3/4"	7"	6388'	500 sx Cement
	2-3/8"	6415'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
	11-2-83	Flow

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	45	0	32/64"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	55	16	220

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Vertis Diamond
(Signature)
Division Clerk
(Title)
11-8-83

OIL CONSERVATION DIVISION

NOV 9 1983

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change of condition.