

OIL CONSERVATION DIVISION

P. O. BOX 2048

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF PRODUCE PERMITTED	
ESTABLISHMENT	
DATE	
TIME	
W.O.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	
Operator	

Samedan Oil Corporation

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1/2/84
UNLESS AN EXCEPTION TO R-4076
IS OBTAINED.

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

Reason(s) for filing (Check proper box)

New Well ☒ 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 FLARED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT SO, OUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name Parks "A"	Well No. 3	Pool Name, including Formation Wantz (Abo) R-7419	Kind of Lease State, Federal or Fee Fee	Lease No.
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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 N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ 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 ☒ 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 P	Sec. 14	Twp. 22S	Range 37E	Is this directly connected? No	When 11-15-83
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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 ☐	Some Restr. Drill. ☐	Other ☒
Date Spudded 10-11-83	Date Compl. Ready to Prod. 10-29-83	True Depth 7130'	P.B.T.D. 7130'					
Devations (DF, RKB, RT, GR, etc.) 3333' GL	Name of Producing Formation Abo	Top Oil/Gas Pay Oil	Tubing Depth 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"	202'	
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 (Text must be obtained from all wells of total volume of load oil and must be equal to or exceed the allowable for the depth or be for full 16 hours)

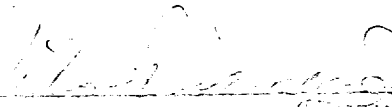
Date First New Oil Ran To Tanks	Date of Test 11-2-83	Producing Interval (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 45	Casing Pressure 0	Choke Size 32/64"
Total Prod. During Test	Oil - Bbls. 55	Water - Bbls. 16	Gas - MCF 220

AS WELL

Initial Prod. Test - MCF/D	Length of Test	Initial Casing Pressure - MCF	Gravity of Condensate
Casing Method (Flow, pack, etc.)	Tubing Pressure (G.S. 16)	Casing Pressure (G.S. 16)	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.


Division Clerk
(Title)
11-C-83

OIL CONSERVATION DIVISION

NOV 9 1983

APPROVED

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 5.1104
This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of the deviation test taken on the well in accordance with RULE 5.111.
All wells of this type must be filed on this form for all new wells and recompleting wells.
This form is to be filed in compliance with RULE 5.1104 and 5.111.