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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS.  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Samedan Oil Corporation</b>	
Address <b>2207 Wilco Building, Midland, TX 79701</b>	
Reason(s) for filing (Check proper box) <span style="float:right">Other (Please explain)</span>	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

Lease Name <b>Parks "A"</b>		Well No. <b>3</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location					
Unit Letter <b>P</b>	<b>660</b>	Fees From The <b>South</b>	<b>660</b>	Fees From The <b>East</b>	
Line of Section <b>14</b>	Township <b>22-S</b>	Range <b>37-E</b>	NMPM, <b>Lea</b>		County


I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>Shell Pipeline Company</b>		<b>P. O. Box 1910, Midland, TX 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>*El Paso Natural Gas Company</b>		<b>600 Building of the Southwest, Midland, TX</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When.
	<b>P</b>	<b>14</b>	<b>22S</b>	<b>37E</b>	<b>Yes 9-14-73</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977,**

7. COMPLETION DATA						
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Well over	Deepen
		<b>X</b>			<b>X</b>	
Date Spudded <b>9-5-73</b>	Date Compl. Ready to Prod. <b>9-8-73</b>	Tubing Depth <b>6448'</b>		P.B.T.D. <b>--</b>		
Elevations (DF, RKB, RT, GR, etc.) <b>3333'</b>	Name of Producing Formation <b>Drinkard</b>	Tubing Depth <b>6242'</b>		Tubing Depth <b>6122'</b>		
Perforations <b>6242' to 6307' - 6346' to 6384' - 6388' to 6448' (Open Hole)</b>		Depth Casing Shoe <b>6388'</b>				
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>292'</b>	<b>300 (circ.)</b>			
<b>12 1/4"</b>	<b>9 5/8"</b>	<b>2874'</b>	<b>1000 sacks</b>			
<b>8 3/4"</b>	<b>7"</b>	<b>6388'</b>	<b>500 sacks</b>			
	<b>2 7/8"</b>	<b>6122'</b>				

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 Tanks	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

EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.			
Actual Prod. Test-MCF/D <b>890</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate-MCF <b>2</b>	Gravity of Condensate <b>38</b>
Testing Method (pitot, back pr.) <b>Flowing</b>	Tubing Pressure (shut-in) <b>1290</b>	Casing Pressure (shut-in) <b>Pkr.</b>	Choke Size <b>1/4"</b>

CERTIFICATE OF COMPLIANCE	
High Pressure gas only. Skelly to continue as low pressure gas purchaser	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
	
(Signature)	
<b>William S. McCuen, Production Superintendent</b>	
(Title)	
<b>9-14-73</b>	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	Orig. Signed by <b>19</b>
BY	<b>Joe D. Ramsey</b>
	Dist. I, Supv.
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 owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply	