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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
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 Samedan Oil Corporation	
Address 2207 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Existing well <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Transportation <input type="checkbox"/>	Transported Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name Boyd	Well No., Pool Name, Including Formation East Brunson-McKee R-3455	Kind of Lease State, Federal or Fee Fee
Location Unit Letter J Feet From The South Line and 090 Feet From The East Line of Section 23 Township 22-S Range 37-E 100M 100 County		

III. 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)	
Texas New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Company	P. O. Box 114, Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 23 22-S 37-E	Is gas actually connected? When No Connection to be made within 10 days.

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded April 8, 1968	Date Compl. Ready to Prod. May 1, 1968	Total Depth 7845'	P.S.T.D.
Pool East Brunson (McKee)	Name of Producing Formation McKee	Top Oil/Gas Pay 7337'	Tubing Depth 7479'
Perforations 7338' - 7352' w/2 shot each foot.			Depth Casing Shoe 7843'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	9 5/8"	1160'	400 (Circulated)
7 7/8"	4 1/2"	7843'	600

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 Tanks May 1, 1968	Date of Test May 3, 1968	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 370	Casing Pressure Packer	Choke Size 15/64"
Actual Prod. During Test 207	Oil-Bbls. 207	Water-Bbls. 0	Gas-MCF 41

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate 2.25°F	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

G. W. Putnam
(Signature)
Division Production Superintendent
(Title)

May 7, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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 Sections I, II, III, and VI only 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 completed wells.