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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Samedan Oil Corporation		Well API No. 30-025 21471
Address 10 Desta Drive, Suite 240 East, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes B-4	Well No. 3	Pool Name, Including Formation Jalmat Tansil Yates 7-Rivers	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 660 Feet From The North Line and 330 Feet From The West Line Section 17 Township 23-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texaco Producing Company	P.O. Box 1137, Eunice NM 88231	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When ?	
Yes	10/2/92	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X		X		
Date Spudded 11/29/65	Date Compl. Ready to Prod. 10/2/92	Total Depth 3686	P.B.T.D. 3490					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Yates	Top Oil/Gas Pay 2707	Tubing Depth 3025					
Perforations 2707-3028			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8	387	230 sx					
7 7/8"	4 1/2	3686	400 sx					
	2 3/8	3025						

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.)

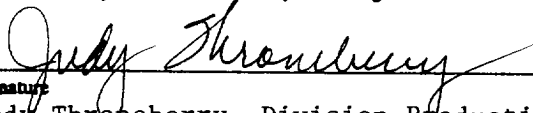
Date First New Oil Run To Tank	Date of Test 12/2/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 0	Water - Bbls. 0	Gas - MCF 101

GAS WELL

Actual Prod. Test - MCF/D 101	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping Well	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.


Signature
Judy Throneberry, Division Production Clerk
Printed Name
12/22/92
Date
915-684-8491
Telephone No.

OIL CONSERVATION DIVISION

DEC 24 '92

Date Approved

By ORIGINAL SIGNED BY RAY SMITH
FIELD REP. II

Title

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.