Submit 5 Copies
to 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

I.

Operator: Samedan Oil Corporation	Well API No. 30-025-22067
Address: 10 Desta Dr., Suite 240 East, Midland, TX 79705	

Reason(s) for Filing *(Check proper box)*

New Well [ ] Change in Transporter of: [ ] Other *(Please explain)*

Recompletion [ ] Oil [X] Dry Gas [ ] Effective 9-1-93

Change in Operator [ ] Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
L-M,B-4 Penrose Queen Unit	12	Langlie Mattix B-4 Penrose Queen Sand	State, Federal or Fee Federal	NM2244

Location
Unit Letter A : 660 Feet From The EAST Line and 660 Feet From The NORTH Line

Section 18 Township 23-S Range 37-E ,NMPM , LEA

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ] TEXAS-NEW MEXICO PIPELINE	Address *(Give address to which approved copy of this form is to be sent.)* PO BOX 2528, HOBB, NM 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ] TEXACO Expl & Prod Inc	Address *(Give address to which approved copy of this form is to be sent.)* PO BOX 1137, EUNICE, NM 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	E	17	23S	37E	Yes	12/13/65

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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

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

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.

Judy Throneberry

Signature
Judy Throneberry — Division Production Clerk
Printed Name — Title
08/23/1993 — (915) 684-8491
Date — Telephone No.

OIL CONSERVATION DIVISION

AUG 27 1993
Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.