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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

HOLE'S OF AND C. C. C.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APR 20 1 03 PM '67

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

APR 19 1967

U.S. GEOLOGICAL SURVEY
APPROVED FOR FILING

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

Lease Name Hughes "B-4"	Well No. 12	Pool Name, Including Formation Langlie-Mattix (Queen)	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East			
Line of Section 18 , 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 114 Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 18
	Twp. 23-S	Rge. 37-E
	Is gas actually connected? Yes	When 4-7-67

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-24-67	Date Compl. Ready to Prod. 4-6-67	Total Depth 3733'	P.B.T.D. 3703'					
Pool Langlie-Mattix	Name of Producing Formation Queen	Top Oil/Gas Pay 3586'	Tubing Depth 2605'					
Perforations 3586', 3597', 3604', 3611', 3616', 3627', 3634', 3639', 3651', 3670', 3674', 3688', & 3692'.	Depth Casing Shoe 3732'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		393'		230 Sacks (Circulated)			
7-7/8"	4-1/2"		3732'		300 Sacks			
	2-3/8"		3605'					

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 4-7-67	Date of Test 4-13-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 16	Tubing Pressure 790#	Casing Pressure 990#	Choke Size 10/64"
Actual Prod. During Test Yes	Oil-Bbbls. 64.3	Water-Bbbls. 8	Gas-MCF 172.8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. Condensate/MMCF	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)

April 18, 1967
(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.