

**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

**OIL CONSERVATION DIVISION**

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

|  |                              |
|--|------------------------------|
| Operator<br>Samedan Oil Corporation  | Well API No.<br>30-025-24195 |
| Address<br>10 Desta Dr., Suite 240 East, Midland, TX 79705   |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 9-1-93<br>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

**II. DESCRIPTION OF WELL AND LEASE**

|   |                |   |  |                     |
|---|----------------|---|--|---------------------|
| Lease Name<br>L-M,B-4 Penrose Queen Unit  | Well No.<br>14 | Pool Name, Including Formation<br>Langlie Mattix B-4 Penrose Queen Sand | Kind of Lease<br>State, Federal or FeeFedera | Lease No.<br>NM2244 |
| Location<br>Unit Letter <u>C</u> : <u>1850</u> Feet From The <u>WEST</u> Line and <u>990</u> Feet From The <u>NORTH</u> Line<br>Section <u>17</u> Township <u>23-S</u> Range <u>37-E</u> ,NMPM, LEA |                |   |  |                     |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>TEXAS-NEW MEXICO PIPELINE      | Address (Give address to which approved copy of this form is to be sent.)<br>PO BOX 2528, HOBBS, NM 88240  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>TEXACO Expl & Prod Div | Address (Give address to which approved copy of this form is to be sent.)<br>PO BOX 1137, EUNICE, NM 88231 |
| If well produces oil or liquids,<br>give location of tanks.<br>Unit <u>E</u> Sec. <u>17</u> Twp. <u>23S</u> Rge. <u>37E</u>                        | Is gas actually connected? When?<br>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.

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

**OIL CONSERVATION DIVISION**

**AUG 27 1993**

|   |
|---|
| Date Approved                             |
| By <b>ORIGINAL SIGNED BY JERRY SEXTON</b> |
| Title <b>DISTRICT I SUPERVISOR</b>        |

**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.