

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Samedan Oil Corporation	
Address 10 Desta Drive Suite 240 East <i>Midland TX 79705</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Texaco Inc. P. O. Box 52332 Houston, Texas 77052

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes Federal	Well No. 3	Pool Name, including Formation Jalmat <i>T-Y-SR</i>	Kind of Lease State, Federal or Fee Federal	Lease No. NM-2244
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>23-S</u> Range <u>37-E</u> , 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"/> None	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"/> Texaco <i>Producing Inc</i>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <i>Today 7/12/87 4-8-87 4-13-87</i>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Verte Diamond
(Signature)
Division Production Clerk
(Title)
April 8, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 7 1987, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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 only Sections I, II, III, and VI 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back X	Same Res'v.	Diff. Res'v.
Date Spudded 12-14-75	Date Compl. Ready to Prod. 3-14-87		Total Depth 3725		P.B.T.D. 3320				
Elevations (DF, RKB, RT, GR, etc.) 3304' GL	Name of Producing Formation Yates		Top Oil/Gas Pay 2608		Tubing Depth 2579				
Perforations 2608'-2883'		31 holes			Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 $\frac{1}{4}$ "	8-5/8"		503'		200 SX				
7-7/8"	4-1/2"		3725'		1425 SX				
	2-3/8"		2579'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	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 1646	Length of Test 24 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1258	Casing Pressure (shut-in) Packer -0-	Choke Size AOF

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