

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Samedan Oil Corporation

Address
600 N. Marienfeld, Suite 320, Midland, Texas, 79701.

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Langlie Mattix	Well No.	2	Pool Name, including Formation	Langlie Mattix (Queen)	Kind of Lease	State, Federal or Fee	Federal	Lease No.	NM 2244
Location										
Unit Letter	H	1345	Feet From The	North	Line and	560	Feet From The	East		
Line of Section	18	T. Wnshp	23-S	Range	37-E	NMPM,	Lea	County		

II. 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 Pipeline Company		Address (Give address to which approved copy of this form is to be sent)		P. O. Box 1510, Midland, Texas, 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Getty Oil Company		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
	E	17	23-S	37-E	Yes	December 13, 1965

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

III. 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-9-83	1-10-84		3750'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3330.6 GL	Langlie-Mattix		3445'		3297'			
Perforations	3446-3594 OK K2				Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	350'	300 sx Class "C"
7-7/8"	5 1/2"	3749'	500 sx "H" - 250 sx
			50-50 Poz
5 1/2"	2-3/8"	3297'	

IV. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-10-84	1-15-84	Pump 2" X 1 1/2" X 16'	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
122	122	53	130

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. 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.

Vertis Diamond
(Signature)
Division Clerk
(Title)
January 18, 1984
(Date)

OIL CONSERVATION DIVISION
JAN 25 1984

APPROVED _____, 19____

BY EDDIE SEAY
OIL & GAS INSPECTOR

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED
JAN 19 1984
C.C.D.
HOBBS OFFICE

INCLINATION REPORT

OPERATOR SAMEDAN OIL CORPORATION ADDRESS 600 MARIENFELD, SUITE 320, MIDLAND, TX
 LEASE NAME HUGHES B4 WELL NO. 2 FIELD 79701
 LOCATION LEA COUNTY, NEW MEXICO

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
359	$\frac{1}{4}$	1.5796	1.5796
874	$\frac{1}{2}$	4.4805	6.0601
1314	1	7.7000	13.7601
1813	$1\frac{1}{2}$	13.0738	26.8339
2340	$1\frac{3}{4}$	16.0735	42.9074
2820	$1\frac{1}{2}$	12.5760	55.4834
3345	$1\frac{3}{4}$	16.0125	71.4959
3750	1	7.0875	78.5834

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

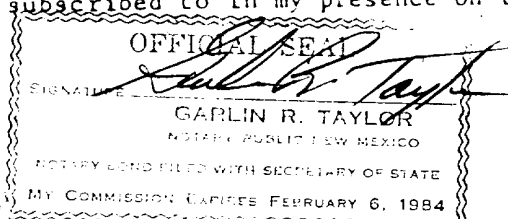
Debbie Clark
 TITLE DEBBIE CLARK, OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DEBBIE CLARK
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

Debbie Clark
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 20TH day of DECEMBER, 19 83



Notary Public in and for the County
 of Lea, State of New Mexico

RECEIVED
JAN 24 1984
O.C.D.
HOBBS OFFICE