

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 Samedan Oil Corporation		Well API No. 30-025-28690 ²⁸⁶⁹⁰	
Address 10 Desta Dr., Suite 240 East, Midland, TX 79705			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	
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 L-M,B-4 Penrose Queen Unit	Well No. 3	Pool Name, Including Formation Langlie Mattix B-4 Penrose Queen Sand	Kind of Lease State, Federal or FeeFedera	Lease No. NM2244
Location Unit Letter D : 500 Feet From The WEST Line and 1300 Feet From The NORTH Line Section 17 Township 23-S Range 37-E ,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"/> TEXAS-NEW MEXICO PIPELINE	Address (Give address to which approved copy of this form is to be sent.) PO BOX 2528, HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO	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 E	Sec. 17	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When? 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			

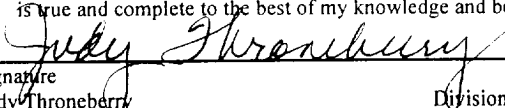
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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

<div>VI. OPERATOR CERTIFICATE OF COMPLIANCE</div> <div>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.</div> <div> Signature Judy Throneberry Printed Name 08/23/1993 Date</div> <div>Division Production Clerk Title (915) 684-8491 Telephone No.</div>	<div>OIL CONSERVATION DIVISION</div> <div>NOV 24 1993</div> <div>Date Approved</div> <div>By ORIGINAL SIGNED BY JERRY SEXTON</div> <div>DISTRICT I SUPERVISOR</div> <div>Title</div>
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.