

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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"/>	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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Langlie Mattix	Well No. 3	Pool Name, Including Formation Langlie Mattix (Queen)	Kind of Lease	Lease No.
"B-4" Penrose Queen Unit			State, Federal or Fee Federal	NM-2244
Location				
Unit Letter D	1300	Feet From The North	Line and 500	Feet From The West
Line of Section 17	Township 23-S	Range 37-E	NMPM,	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas, 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	P. O. Box 1137, Eunice, New Mexico, 88231					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 17	Twp. 23-S	Rge. 37-E	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 number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
5-8-84	8-15-84		3750'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3324' GR	Langlie-Mattix		3422		3639'			
Perforations					Depth Casing Shoe			
3422'-3685'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	334	300 sx Class "C"
7-7/8"	5-1/2"	3750	400 sx "H", 200 sx Poz
	2-3/8"	3639	"A"

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.)	
8-15-84	8-30-84	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	84	36	80

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

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.

Ueta Diamond
(Signature)

Division Clerk

(Title)

September 10, 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 17 1984, 19

BY ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR

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 Forms C-104 must be filed for each pool in multiply completed wells.

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SEP 11 1984

O.C.D.
HOBBS OFFICE

INCLINATION REPORT

OPERATOR SAMEDAN OIL CORPORATION ADDRESS 600 N MARIENFELD SUITE 320 MIDLAND, TXLEASE NAME TUGHES B-4 WELL NO. #3 FIELD LOCATION SEC 17, T23S, R37E

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
334	$\frac{1}{2}$	2.9058	2.9058
820	1	8.5050	11.4108
1302	1	8.4350	19.8458
1801	$3\frac{3}{4}$	6.5369	26.3827
1903	1	1.7850	28.1677
2401	$1\frac{1}{2}$	10.8564	39.0241
2900	$1\ 3\frac{3}{4}$	15.2195	54.2436
3014	$3\ 3\frac{3}{4}$	7.4556	61.6992
3272	$2\ 3\frac{3}{4}$	12.3840	74.0832
3750	$2\frac{1}{2}$	18.7854	92.8686

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

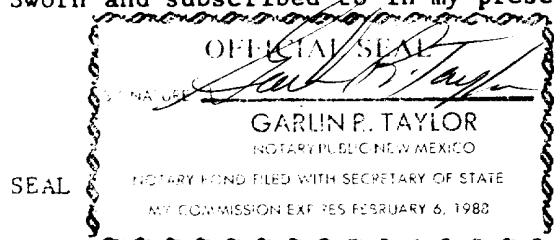
CACTUS DRILLING COMPANY

Debbie Kelly
TITLE DEBBIE KELLY, OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DEBBIE KELLY 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 Kelly
AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 17th day of MAY, 19 84

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

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SEP 14 1984

DC PL
HUSB'S OFFICE