

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  
10 Desta Drive, Suite 240 East, Midland, Texas, 79705

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
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

DESCRIPTION OF WELL AND LEASE

Lease Name "B-4" Penrose	Well No. 4	Pool Name, Including Formation Langlie Mattix 7 Rivers Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM-2244
Location				
Unit Letter F	1485	Feet From The North	Line and 1800	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	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 1-31-85	Date Compl. Ready to Prod. 3-22-85	Total Depth 3750'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3319' GL	Name of Producing Formation Queen/Penrose	Top Oil/Gas Pay 3368'	Tubing Depth 2979'					
Perforations 3368' 3 sec	26 holes	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	363'	300 sx
7-7/8"	5 1/2"	3750'	600 sx Pacesetter Lite
	2-3/8"	2979'	Tail w/275 sx Class "C"

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)

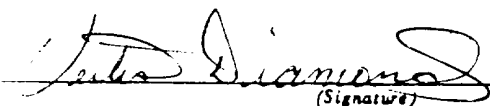
Date First New Oil Run To Tanks 3-29-85	Date of Test 4-5-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure - 0 -	Choke Size
Actual Prod. During Test 5 bbls	Oil-Bbls. 5	Water-Bbls. 190	Gas-MCF 18.8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

  
(Signature)

Division Production Clerk

(Title)

April 11, 1985

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 23 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 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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# INCLINATION REPORT

OPERATOR SAMEDAN OIL COMPANY ADDRESS 10 DESTA DRIVE S-240 E, MIDLAND, TX 79701

LEASE NAME PENROSE WELL NO. #4 FIELD

LOCATION 1485' FNL & 1800' FWL Section 17, T-23-S, R-37-E

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
363	3/4	4.7553	4.7553
846	1/4	2.1252	6.8805
1096	1/2	2.1750	9.0555
1435	1	5.9325	14.9880
1930	3/4	6.4845	21.4725
2208	1 3/4	8.4790	29.9515
2270	1 3/4	1.8910	31.8425
2453	1 3/4	5.5815	37.4240
2515	1 3/4	1.8910	39.3150
2608	2	3.2457	42.5607
2798	2	6.6310	49.1917
3043	2 1/2	10.6820	59.8737
3297	2 1/4	9.9822	69.8559
3416	2 1/4	4.6767	74.5326
3750	2 1/4	13.1262	87.6588

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

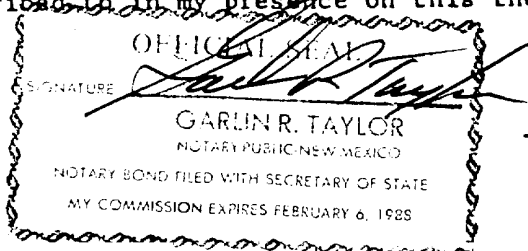
Debra Kelly  
TITLE DEBRA KELLY, OFFICE MANAGER

## AFFIDAVIT:

Before me, the undersigned authority, appeared DEBRA 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.

Debra Kelly  
AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 22nd day of FEBRUARY, 1985



SEAL

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