Submit 5 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at **Bottom of Page**

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

accordance with Rule 111.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator Samedan Oil Corporation | | Wel | 1 API No. 30-025-32052 |
|---|---|-------------------------------------|--|
| Address 12,600 Northborough, #250, Houston, Texas 77067 | | | |
| Reason(s) for Filing (Check proper box) Other (Please explain) | | | |
| New Well | Change in Transporter of: | | |
| Recompletion Oil X Dry Gas Change in Operator Casinghead Gas Condensate | | | |
| If change of operator give name | | | |
| and address of previous II. DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name SARAH B Well No. 2 Pool Name, Including Formation TUBB Kind of Lease Lease No. State, Federal or Fee FED NM2244 | | | |
| Location Unit Letter K : 2310 Feet From The SOUTH Line and 1803 Feet From The WEST Line | | | |
| Section 12 | Township 23-S | Range 37-E ,NMPM, | LEA |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil | × or Condensate | Address (Give address to which appr | |
| Texas New Mexico Pipeline Name of Authorized Transporter of Cas | inghead Gas or Dry Gas | Po Box 2528, Hobbs, New Mexico | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent.) WARREN PETROLEUM PO BOX 1909, EUNICE, NM 88231 | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? Wh | |
| give location of tanks. | P 11 23-S 37-E | Yes | 09/22/93 |
| If this production is commingled with that from any other lease or pool, give commingling order IV. COMPLETION DATA PC-847 | | | |
| Designate Type of Completion - (X) | Oil Well Gas W | 1 | en Plug Back Same Diff Res'v |
| Date Spudded 06/27/1993 | Date Compl. Ready to Prod. 09/21/1993 | Total Depth 6250' | P.B.T.D. 6205' - Loc Set Pkr @ 6081'. |
| Elevations (DF, RKB, RT, GR, etc.) 3988' GL | Name of Producing Formation LWR PADDOCK/BLINEBRY | Top Oil/Gas Pay 5642 | Tubing Depth PRODUCING THROUGH CSG |
| Perforations 5642' - 5681' - 27 HOLES | | | Depth Casing Shoe 6250' |
| TUBING, CASING AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| <u> </u> | | | |
| | | | |
| V. TEST DATA AND REQUE | L EST FOR ALLOWABLE OIL V | VELL | |
| (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 09/21/1993 | 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 |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION | |
| 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. | | 920 £5 9 93 | |
| July Mrouleum | | Date Approved | |
| Signature Judy Throneberry | Division Production Clerk | By ORIGINAL SIGNED BY JERRY SEXTON | |
| Printed Name | Title | DISTRICT I SUPERVISOR | |
| 12/08/1993 Date | (713) 876-6150 Telephone No. | Title | |
| | | | |
| INSTRUCTIONS: This form is | to be filed in compliance with Du | 10.1104 | |

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

4) Separate Form C-104 must be filed for each pool in multiply completed wells