N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS. NEW MEXICO 88240

BURATIVENT OF THE INTERIOR BURAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. We "APPLICATION FOR PERMIT —" for such proposals SUBMIT IN TRIPLICATE 1. Fire of Well Name of Permit Name of Canada Name of Permit Name of Permit Name of Canada Name of Permit Name of Permit Name of Canada Name of Permit Name of Institute Permit	Form 3160-5	UNI	TED STATES	524 T U FORM APPROVED
SURDAY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Submit in Triplicate	(June 1990)			
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Submit in triplicate Submit		BUREAU OF I	LAND MANAGEMENT	
SUBMIT IN TRIPLICATE 1. Type of Well SUBMIT IN TRIPLICATE 2. If Unit or CA. Agreement Designation SUBMIT IN TRIPLICATE 2. New Order Submitted	SUNDRY NOTICES AND REPORTS ON WELLS			
Pype of Well Stand Oper Stand	Do not use t	his form for proposals to dri	Il or to deepen or reentry to a different reservoir.	6. It Indian, Allottee or Tribe Name
Secretary Secr		SUBMIT	7. If Unit or CA, Agreement Designation	
2 Named of Operator Samedan Oil Corporation Affices and Tetaphone No 10 Desta Dr. Ste. 240E, Midland, TX 79705 (915) 684-8491 10 Feld and Pool, or Expiracery Area 11 County or Parrish, Sake 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Nonce of Interi Abandonners Recomprision None Construction None Report Plugging Back Approved by Completed Operations (Clearly state all perintern details, and give perment direct, and doing estimated date of starting any proposed work. If well is directionally cardiol, give widewriter locations and measured and true vertical depths for all rearests and coops pertinent in this work. If well is directionally cardiol, give widewriter locations and measured and true vertical depths for all rearests and coops pertinent in this work. If well is directionally cardiol, give widewriter locations and measured and true vertical depths for all rearests and coops pertinent in this work. If well is directionally cardiol, give widewriter locations and measured and true vertical depths for all rearests and coops pertinent in this work. If well is directionally cardiol, give widewriter locations and measured and true vertical depths for all rearests and coops pertinent in this work. If well is directionally cardiol, give widewriter locations and measured and true vertical depths for all rearests and coops pertinent in this work. If well is directionally cardiol, give widewriter locations and correct starting and pertinent decay. If the pertinent decay is a series of the pertinent decay is a series of the pertinent decay. If the pertinent decay is a series of the pertinent decay is a series of the pertinent decay. If the pertinent decay is a series of the pertinent decay is a series of the pertinent decay. If	C Oil C			<u> </u>
Samedan O11 Corporation Address and Feliphone No.			⊢	
10 Desta Dr. Ste. 240E, Midland, TX 79705 (915) 684-8491 10 Field and Pool. of Exporatory Area 4. Leaston of Well ifrocage, Sec. T. R. M. or Survey Description 2310 FSL & 1653 FWL Sec. 12, T-23-S, R-37-E 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Inters Abandamment Recompletion Pluggar Back Consequent Report Pluggar Back Non-Routine Fracturing Non-Routine for fracturing Non-Routin	Samedan C	oil Corporation		
2310 FSL & 1653* FWL Sec. 12, T-23-S, R-37-E 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Notice of Intent Abandonment Abandonment Change of Plans				
2310 FSL & 1653* FWL Sec. 12, T-23-S, R-37-E CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION	10 Desta	Dr. Ste. 240E, Midlan		
Lea CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION				
12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Inter!				
TYPE OF SUBMISSION TYPE OF ACTION Notice of Intert Ahandonment Charge of Plans New Construction Non Routine Fracturing Water Shadoff Conversion to Injection Casing Repair Water Shadoff Conversion to Injection Conversion to Inject				Lea
Notice of Inters Abandonment Abandonment Recompletion Recompletion Non Routine Fracturing Water Shut-Off Convertion to Injection Dispose Water None Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates; including estimated date of starting any proposed work. If well is directionally drilled. See Attachment Abandonment Abandonment None Recompletion None Routine Fracturing Water Shut-Off Convertion to Injection Dispose Water None Recompletion of Recompletion None Recompletion None Recompletion None Recompletion None Recompletion None Routine Fracturing Convertion to Injection Dispose Water None Recompletion None Routine Fracturing None Recompletion None Routine Fracturing None Routine Fr	12 CHE	CK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
Subsequent Report Subsequent Report Recompletion Subsequent Report Recompletion Subsequent Report Recompletion Report actual of making Casing Report Report actual of making completion Report actual of making completion Report actual of making completion Report actual of subsequent Recompletion Recompletion Report actual of subsequent Recompletion		OF SUBMISSION		
Subsequent Report Plugging Back Non-Routine Fracturing Water Shar-Off Conversion to Injection Dispose Water None-Routine Fracturing Water Shar-Off Conversion to Injection Dispose Water None-Report and tog form None	X N	otice of Intent	Abandonment	Change of Plans
Gasing Repair Water Shut-Off Casing Casing Conversion to Injection Dispose Water Dis	П.			New Construction
Altering Casing Other Surface Commingle Conversion to Injection Dispose Water Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) See Attachment Attac	L_ 5	ubsequent Report		<u></u>
Surface Commingle Dispose Water Street Report souls of multiple completion on well Compiler on the Report and Tog form	□ F	inal Abandonment Notice		
One Repartments of Multi-Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* See Attachment Attac			X Other Surface Commingle	
13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) See Attachment 15 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) See Attachment 15 Describe Proposed or Completed Operations (Clearly starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) 15 Describe Proposed work if well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) 15 Describe Proposed or Completed Operations (Clearly starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) 15 Describe Proposed or Completed Operations (Clearly starting any proposed work. If well is directionally drilled, give subsurface locations and pertinent to this work.) 15 Describe Proposed or Completed Operations (Clearly starting any proposed work.) 15 Describe Proposed or Completed Operations (Clearly starting any proposed work.) 15 Describe Proposed or Completed Operations (Clearly starting any proposed work.) 16 Describe Proposed or Completed Operations (Clearly starting any proposed work.) 17 Describe Proposed Operations (Clearly starting any proposed work.)				(Note Report results of multiple completion on Well
See Attachment ACC FEB 7 115 125 125 125 125 125 125 125 125 125	13 Describe Proposed	or Completed Operations (Clearly state all	pertinent details, and give pertinent dates, including estimated date of starting	g any proposed work. If well is directionally drilled,
4 I hereby certify that the foregoing from and correct Signed May Monthly Division Production Clerk Title Division Production Clerk Approved by Title Division Production Clerk Date 9/3/93	give subsurfac	ce locations and measured and true vertical	depths for all markers and zones pertinent to this work.)*	
4. I hereby certify that the foregoing a true and correct Signed Authorities (This space for Federal/or State office use) Approved by Title Division Production Clerk Date 9/21/93	See Atta	chment		
4. I hereby certify that the foregoing by true and correct Signed Manhard Man				
4. I hereby certify that the foregoing a true and correct Signed Authorities (This space for Federal/or State office use) Approved by Title Division Production Clerk Date 9/21/93				
4. I hereby certify that the foregoing a true and correct Signed Authorities (This space for Federal/or State office use) Approved by Title Division Production Clerk Date 9/21/93				
4. I hereby certify that the foregoing a true and correct Signed Authorities (This space for Federal/or State office use) Approved by Title Division Production Clerk Date 9/21/93				
4. I hereby certify that the foregoing a true and correct Signed Authorities (This space for Federal/or State office use) Approved by Title Division Production Clerk Date 9/21/93				ACA RA
4. I hereby certify that the foregoing in true and correct Signed Many Manually (This space for Federal or State office use) Approved by Title Division Production Clerk Date 9/3/93				3- L 12- L
4. I hereby certify that the foregoing is true and correct Signed May Multiple Division Production Clerk (This space for Federal or State office use) Approved by				
4. I hereby certify that the foregoing is true and correct Signed May Multiple Division Production Clerk (This space for Federal or State office use) Approved by				_ 6
4. I hereby certify that the foregoing is true and correct Signed May Multiple Division Production Clerk (This space for Federal or State office use) Approved by				<u> </u>
4. I hereby certify that the foregoing is true and correct Signed May Multiple Division Production Clerk (This space for Federal or State office use) Approved by				5
4. I hereby certify that the foregoing in true and correct Signed Multiple Division Production Clerk (This space for Federal or State office use) Approved by				
4. I hereby certify that the foregoing in true and correct Signed Multiple Division Production Clerk (This space for Federal or State office use) Approved by				
4. I hereby certify that the foregoing is true and correct Signes Will Michael Division Production Clerk (This space for Federal or State office use) Approved by		20 312		
Signed Musully Title Division Production Clerk Date 9/3/93 Title Division Production Clerk Date 9/3/93		F-1C-34/		
(This space for Federal/or State office use) Approved by	1 112		Title Division Production Clerk	Date 9/3/93
Approved by	(This space for Fee	eral or State office use)		
Constitute of approva, it all).		oval if any	Title	Date 9/21/93
	Conditions of appli	orm, it dily.		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

PECENED

SEP 2 3 1993

DEFINE TO LIVE OF Exception to Rule 303-A Surface Commingling of the Sarah B. Lease, Fed Lease #NM2244 Sec 11, T-23-S, R-37-E, Lea County

Samedan is requesting permission to surface commingle the Tubb Pool and the Blinebry Pool in the Cline field at the tank battery located at the Sarah B Well #1, Sec 11, T-23-S, R-37-E, Lea County.

At the present time two wells, Sarah B #1 and Sarah B #2, are producing from the Tubb zone into the battery. Plans are being made for duel completions on both wells from the Blinebry zone and the Tubb zones.

- 1. Samedan owns and operates 100% of the Sarah B. Lease
- 2. Tubb Zone: Daily production = 85 bbls oil Gravity @ 60 = 33.8. Sulfur = .389 Value = \$16.25 per bbl for sweet crude

Blinebry Zone: Daily Production = 70 bbls oil (estimate) Gravity @ 60 = 40.0 (representative) Value = \$16.35 per bbls for sweet crude

Commingled oil: Expected gravity = 37.0 Sweet Crude Expected value = \$16.31 per bbl.

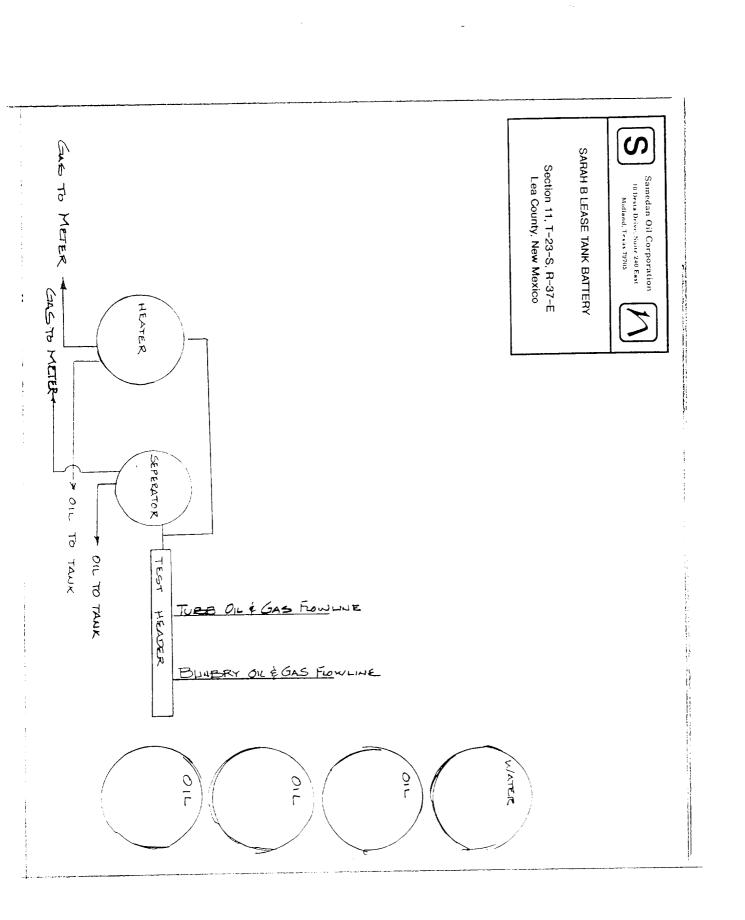
3. The actual commercial value of the commingled production will be equal to the sum of the values of the production from each common source of supply.

Please find attached a schematic diagram of the battery installation and plats showing well locations.

PECENT

SEP 2 3 1993

OFFICE OFFICE



PER NED

SEP 2 3 1993

OFFICE

SARAH B #2

0 - 925 21 jis 13-3/8" OC 48.001/H L-55 STAC SURF CSC

