

**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**

Operator Samedan Oil Corporation		Well API No. 30-025-32052	
Address 10 Desta Dr., Suite 240 East, Midland, TX 79705			
Reason(s) for Filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)			

If change of operator give name  
and address of previous

**THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name SARAH B	Well No. 2	Pool Name, Including Formation CLINE-TUBB	Kind of Lease State, Federal or Fee	Lease No. NM2244
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>1803</u> Feet From The <u>WEST</u> Line Section <u>12</u> Township <u>23-S</u> Range <u>37-E</u> ,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"/> SCURLOCK OIL	Address (Give address to which approved copy of this form is to be sent.) 3514 LOVINGTON HWY, HOBBS, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent.) PO BOX 1909, EUNICE, NM 88231	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11
	Twp. 23-S	Rge. 37-E
	Is gas actually connected? No	When? ASAP

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 06/27/1993	Date Compl. Ready to Prod. 07/22/1993	Total Depth 6250'		P.B.T.D. 6205'					
Elevations (DF, RKB, RT, GR, etc.) 3988' GL	Name of Producing Formation TUBB	Top Oil/Gas Pay 6130		Tubing Depth 6080					
Perforations 6130'-6190' - 35 HOLES		Depth Casing Shoe 6250'							
<b>TUBING, CASING AND CEMENTING RECORD</b>									
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 07/22/1993	Date of Test 07/22/1993	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure 250#	Casing Pressure	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 88	Water - Bbls. 4	Gas - MCF 220

**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**

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.

Signature Judy Thronberry	Division Production Clerk
Printed Name 08/24/1993	Title (915) 684-8491
Date	Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved AUG 26 1993
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

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