

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

# OIL CONSERVATION DIVISION

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Samedan Oil Corporation		Well API No. 30-025-32116
Address 12,600 Northborough, #250, Houston, Texas 77067		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous

### II. DESCRIPTION OF WELL AND LEASE

Lease Name SARAH B	Well No. 1	Pool Name, Including Formation CLINE-LOWER PADDOCK/BLINEBRY	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. NM 2244
Location Unit Letter <u>P</u> : <u>990'</u> Feet From The <u>SOUTH</u> Line and <u>710'</u> Feet From The <u>EAST</u> Line Section <u>11</u> Township <u>23-S</u> Range <u>37-E</u> , <u>NMPM</u> , <u>LEA</u>				

### III. 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 PO Box 2528, Hobbs, New Mexico 88240					
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.) WARREN PETROLEUM PO BOX 1909, EUNICE, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>11</u>	Twp. <u>23-S</u>	Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u>	When? <u>9/22/93</u>

If this production is commingled with that from any other lease or pool, give commingling order PC-847

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded <u>07/03/1993</u>	Date Compl. Ready to Prod. <u>10/07/1993</u>	Total Depth <u>6300</u>		P.B.T.D. <u>CIBP @ 5800</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3300.8 GR</u>	Name of Producing Formation <u>LWR PDK/BLY</u>		Top Oil/Gas Pay <u>5572'</u>		Tubing Depth <u>5705</u>			
Perforations <u>5572' - 5628' - 28 HOLES W/ 4" CSG GUN</u>					Depth Casing Shoe <u>6296</u>			

### TUBING, CASING AND CEMENTING RECORD

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	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

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 <i>Judy Throneberry</i>	Division Production Clerk
Printed Name Judy Throneberry	Title (713) 876-6150
Date 12/08/1993	Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 15 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.