

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. 30-025-32116		
Address 10 Desta Dr., Suite 240 East, Midland, TX 79705					
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)					
New Well <input type="checkbox"/>		Change in Transporter of:		COMPLETION IN LOWER PADDOCK/BLINEBRY ZONE	
Recompletion <input type="checkbox"/>		Oil <input 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 \_\_\_\_\_

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

Lease Name SARAH B		Well No. 1	Pool Name, Including Formation CLINE-LOWER PADDOCK/BLINEBRY		Kind of Lease State, Federal or Fee FED	Lease No. NM 2244
Location Unit Letter P : 990' Feet From The SOUTH Line and 710' Feet From The EAST Line Section 11 Township 23-S Range 37-E ,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"/>		Address (Give address to which approved copy of this form is to be sent.)				
SCURLOCK PERMIAN CORP		3514 LOVINGTON HWY, HOBBS, NM 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 P	Sec. 11	Twp. 23-S	Rge. 37-E	Is gas actually connected? Yes	When? 9/22/93

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 07/03/1993	Date Compl. Ready to Prod. 10/07/1993	Total Depth 6300		P.B.T.D. CIBP @ 5800					
Elevations (DF, RKB, RT, GR, etc.) 3300.8 GR	Name of Producing Formation LWR PDK/BLY		Top Oil/Gas Pay 5572'		Tubing Depth 5705				
Perforations 5572' - 5628' - 28 HOLES W/ 4" CSG GUN				Depth Casing Shoe 6296					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 48# H-40	912	625 SX
7 7/8"	5 1/2" 15.5# J-55	6296	1450 SX

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 10/07/1993	Date of Test 10/20/1993	Producing Method (Flow, pump, gas lift, etc.) 2" X 1 1/4" X 16' ROD PUMP	
Length of Test 24 HR	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 79	Gas - MCF 72

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 Throneberry Judy Throneberry 10/20/1993 Date		OIL CONSERVATION DIVISION  OCT 25 1993 Date Approved By ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR	
Title (915) 684-8491 Telephone No.			

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.