

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) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> HOOK UP GAS LINE 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 - TUBB	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"/> SCURLOCK PERMIAN CORP	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? 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
Date Spudded 07/03/1993	Date Compl. Ready to Prod. 08/28/1993		Total Depth 6300		P.B.T.D. 6236			
Elevations (DF, RKB, RT, GR, etc.) 3300.8 GR	Name of Producing Formation TUBB		Top Oil/Gas Pay 6208		Tubing Depth 6018			
Perforations 6082' - 6175 90 HOLES					Depth Casing Shoe 6296			
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 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

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	OIL CONSERVATION DIVISION OCT 22 1993 Date Approved	
Printed Name 10/20/1993	Title (915) 684-8491	By Orig. Signed by Paul Kautz Geologist	
Date	Telephone No.	Title	

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.