

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 type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Approved to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
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

Lease Name SARAH B		Well No. 1	Pool Name, Including Formation CLINE-TUBB	Kind of Lease State <u>Federal</u> or Fee	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> NMPM, <u>LEA</u>					

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 OIL				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? When? No WAITING ON GAS LINE

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

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 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 6082			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				
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 08/31/1993	Date of Test 09/01/1993	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure 30#	Casing Pressure	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 0	Gas - MCF 60

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		OIL CONSERVATION DIVISION	
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.		Date Approved SEP 10 1993	
Signature Judy Thronberry	Division Production Clerk	By Orig. Signed by Paul Kautz Geologist	
Printed Name 09/07/1993	Title (915) 684-8491	Title	
Date	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.