

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. 30-025-32178	
Address 10 Desta Dr., Suite 240 East, Midland, TX 79705			
Reason(s) for Filing (Check proper box)		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"/>	Approval 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 **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

Lease Name SARAH B	Well No. 3	Pool Name, Including Formation CLINE - TUBB	Kind of Lease State, Federal or Fee	Lease No. NM2244
Location Unit Letter M 330 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 1 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 CORPORATION	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 M	Sec. 1	Twp. 23-S	Rge. 37-E	Is gas actually connected? UPON APPROVAL	When?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 08/14/1993	Date Compl. Ready to Prod. 09/22/1993	Total Depth 6300'		P.B.T.D. 6293					
Elevations (DF, RKB, RT, GR, etc.) 3263.8' GL	Name of Producing Formation TUBB	Top Oil/Gas Pay 6092'		Tubing Depth 6211'					
Perforations 6092' - 6190' - 115 HOLES				Depth Casing Shoe 6300					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8" 48# H-40 ST&C		908'		625 SX CLASS C				
11"	8 5/8" 32# K-55 ST&C		6809'		1360 SX CLASS H				
7 7/8"	5 1/2" 15.5# K-55 LT&C		6300		600 SX CLASS C				

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 09/14/1993	Date of Test 09/23/1993	Producing Method (Flow, pump, gas lift, etc.) 2" X 1 1/4" X 16' ROD PUMP	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 144	Gas - MCF 3

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 Throneberry	Division Production Clerk
Printed Name 09/24/1993	Title (915) 684-8491
Date	Telephone No.

OIL CONSERVATION DIVISION	
SEP 29 1993	
Date Approved	
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.

RECEIVED

SEP 27 1993

OFFICE