

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. 30-025-32258
Address 12600 Northborough, #250, Houston, Tx 77067		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) <input checked="" 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"/>		Haul off until Texas-New Mexico Pipeline is completed. Approximately 1500 bbls Test allowable Jan. '94

If change of operator give name
and address of previous

II. DESCRIPTION OF WELL AND LEASE

Lease Name SHARP	Well No. 1	Pool Name, Including Formation CLINE LOWR PADDOCK/BLINBRY	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter F 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 12 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 Sec. Twp. Rge. F 11 23-s 37-e	Is gas actually connected? When? No

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 11/16/1993	Date Compl. Ready to Prod. 12/16/1993	Total Depth 6300'		P.B.T.D. 6224' - LOC SET PKR @ 6082					
Elevations (DF, RKB, RT, GR, etc.) 3297 GR	Name of Producing Formation LOWR PADDOCK/BLINBRY		Top Oil/Gas Pay 5616		Tubing Depth 5580				
Perforations 5616 - 5678 W/4" CSG GUN. 2 SPF - TOTAL HOLES = 44					Depth Casing Shoe 6300				
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 Judy Throneberry	Division Production Clerk
Printed Name 01/20/1994	Title (713) 876-6150
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 26 1994
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.