

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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APR 20 '88

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Siete Oil & Gas Corporation ✓

Address
P.O. Box 2523 Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/2/88
UNLESS AN EXCEPTION TO:
RULE 906 IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nugget State	Well No. 1	Pool Name and Formation Undesignated Delaware	Kind of Lease State, Federal or Fee	State State	Lease No. V-736
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) NGD, P.O. Box 1959 Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit: <u>A</u> Sec: <u>36</u> Twp: <u>19</u> Rge: <u>31</u>
Is gas actually connected?	When No May 1, 1988

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Production/Reservoir Engineer
(Title)
April 19, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 29 1988, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 4/18/87 - 11-18-87	Date Compl. Ready to Prod. 4/9/88		Total Depth 7327'				P.B.T.D. 7000'		
Elevations (DF, RKB, RT, CR, etc.) 3502' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6493'				Tubing Depth 6413'		
Perforations 6493' - 6503' 5636-47 4470-86							Depth Casing Shoe 7327'		

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8"	600	300 sk (circ)
12 1/4	8 5/8"	3750	400 sk (circ)
7 7/8	5 1/2"	7327	775 sk
	2 3/8"	6413	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 4/9/88	Date of Test 4/10/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 10	Gas - MCF 31

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size