

Submit 5 Copies
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

MAY 22 1991

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation		Well API No. 30-015-26472
Address P.O. Box 2523, Roswell, NM 88202-2523		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
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 operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Indigo Federal	Well No. 1	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Fee	Lease No. LC-050797
Location Unit Letter L : 1650 Feet From The South Line and 660 Feet From The West Line Section 13 Township 20S Range 28E, NMPM, Eddy 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, Inc.	Address (Give address to which approved copy of this form is to be sent) 1406 N. West County Rd., Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TSTM	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 13	Twp. 20S	Rge. 28E	Is gas actually connected? No	When? N/A

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 10/25/90	Date Compl. Ready to Prod. 2/4/91		Total Depth 7800		P.B.T.D. 5320			
Elevations (DF, RKB, RT, GR, etc.) 3247' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5009'		Tubing Depth 4974'			
Perforations 5201'-5269.5' & 5009'-5115'					Depth Casing Shoe 7800'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"		DEPTH SET 300'		SACKS CEMENT 330 sxs circ			
12 1/4"	8 5/8"		2875'		1320 sxs (1" w/200 sxs)			
7 7/8"	5 1/2"		7800'		1050 sxs			

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 2/7/91	Date of Test 2/20/91	Producing Method (Flow, pump, gas lift, etc.) 228 American PU	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 82	Oil - Bbls. 33	Water - Bbls. 49	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Cathy Batley-Seely
Signature
Cathy Batley-Seely, Drilling Technician
Printed Name
4/1/91
Date
(505)622-2202
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By
Title
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
JUL 19 1991

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.