

REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and Effective 1-1-85

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ANTAFE	
ILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

RECEIVED BY
NOV 21 1986
O. C. D.
ARTESIA, OFFICE

Operator Mountain States Petroleum Corp.

Address P.O. Box 1936, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner Petroleum Exploration Co., Inc. P.O. Box 809, Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Siete Federal</u>	Well No. <u>#4</u>	Pool Name, including Formation <u>Siete San Andres</u>	Kind of Lease State, Federal or Fee <u>Fed.</u> <u>NM</u> <u>067707</u>
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>NO.</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>17</u> Township <u>8S</u> Range <u>31 E</u> , NMPM, <u>Chaves</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
<u>Navajo Refining Company</u>	<u>P.O. Drawer 175, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>17</u> Twp. <u>8S</u> Rge. <u>31E</u>	<u>No</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ruby Webershan
(Signature)
Clerk

November 1, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1986 . 19

BY ORIGINAL SIGNED BY JERRY WENTON
DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev't tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well name or number, or transporter, or other such change of cond.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of cond.
Supersedes Form C-104 and is to be filed for each well to which

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