Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Der nent

Form C-104 Revised 1-1-39 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION MECLIVED

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG 2 6 1991

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION C. D.
TO TRANSPORT OIL AND NATURAL GASARTESIA, OFFICE
WALL APE NO.

I. T. Properties									
Address 3502 Yachtclub Ct	Arlington	ı. Texas	 760	16		· · · · · · · · · · · · · · · · · · ·			
Reason(s) for Filing (Check proper box)	·,g	-, 1011415			et (Please expl	aur)			
New Well	Change	in Transporter of	-	_	•				
Recompletion	Oil 🖳	Dry Gas	\sqcup						
Change in Operator XX	Casinghead Gas	Condensate				·			
If change of operator give name and address of previous operator Pa	rker & Parsl	ey Petro	leu	m Compan	ny, PO Bo	ox 3178,	Midlar	nd, Tx 7	6702
II. DESCRIPTION OF WELL.	AND LEASE								
Lease Name SIEGRIST STATE	Weil No. Pool Name, Include 1 SIEGRIST						of Lease Federal or Fe		ease No.
Location				_					
Unit Letter H 1980 Feet From The North Line and 990 Feet From The East t									
Section 25 Township 19S Range 23E NMPM, Eddy County									
III. DESIGNATION OF TRAN	SPORTER OF	IL AND NA	TU	RAL GAS					
Name of Authorized Transporter of Oil x or Condensate Navajo Refining Co.				Address (Give address to which approved copy of this form is to be sent) 501 East Main St., Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas				Address (Give address to which approved copy of this form w to be sent) P. O. Box 1188, Houston, Tx 77251-1188					
If well produces oil or liquids,	Unit Sec. H 25	Twp. 1981 23	Rge.	Is gas actually connected? When			. ?		
If this production is commungled with that from any other lease or pool, give commingling order number:									
IV. COMPLETION DATA									-,
Designate Type of Completion	1	xx	:U	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Resv
Date Spudded 1-13-80	Date Compi. Ready to Prod. 4-20-81			Total Depth 8660 '			P.B.T.D. 6245		
Elevations (DF, RKB, RT, GR, etc.) 3847 GR	Name of Producing Formation Wolfcamp			Top Oil/Gas Pay 6218'			Tubing Depth 6109		
Perforations							Depth Casing Shoe		
6218-6224, 0.38" ei	ntry 34 hole	s							
TUBING, CASING AND					NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
17 1/2"	13 3/8"			244			275 sx Class "C" 200 sx "H"/681 Poz/		
8 5/8"	12 1/4"			1810'					
4 1/2"	7 7/8"			8657'			980 xs Poz/300 sx "		
V. TEST DATA AND REQUES OIL WELL (Test must be after n					<u> </u>				
Date First New Oil Rus To Tank	covery of lotal volume	of load ou and	MUST					or juli 24 hou	rs.)
September 1, 1991	4-20-81			Producing Method (Flow, pump, gas lift, a Flow			~ -,/		
Length of Tess	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbla.			Water - Bbis.			Gas- MCF		
GAS WELL	The second secon	4 14 floors from annual control control personal control contr							
Actual Prod. Test : MCF/D	Length of Test			Bhis Conden	mu/MMCF		Gravity of C	Ondensale	
1.200 AOF	72 hrs			8.0/1000MCF					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-sa)			Casing Pressure (Shut-in)			Choke Size		
2" Orifice Well Tes	ter 1,800 psi			nain lata an an in the print			qpen		
VI. OPERATOR CERTIFIC. I hereby certify that the rules and reguling Division have been complied with and it is true and complied with and it is true and complies to the been of my beautiful.	Mices of the Oil Come that the information gi	Irvacion Ven above		۶, (DIL CON	SERV	ATION	DIVISIO	N
Date Approved									
Signature K. W. Chen President By									
Printed Name Title									
August 21, 19) 572–391 lephone No.	. 5 ეკა	e Hille		1	U	`	
				! !					

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.