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PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-85

AUG 04 '89

O. C. D.  
ARTESIA, OFFICE

Operator  
Siete Petroleum Corporation  
Address  
300 West Texas, Suite 704, Midland, Texas 79701

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change in ownership effective 7/1/89

If change of ownership give name and address of previous owner  
Adobe Resources Corporation 300 West Texas, Suite 1100, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Spitfire 19	Well No. 1	Pool Name, Including Formation Phantom Draw Wolf Camp Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0459862
Location Unit Letter H : 1970 Feet From The North Line and 670 Feet From The East Line of Section 19 Township 26-S Range 31-E, NMPM, Eddy Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2239, Wichita, KS 67201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Gathering Systems, Inc.	Address (Give address to which approved copy of this form is to be sent) 300 West Texas, Suite 1100, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19	Twp. 26S	Rge. 31E	Is gas actually connected? YES	When 10-11-85

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Re
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			Timing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Post ID-3			
					8-11-89			
					shg ap			

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 oil able 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

Toby McWilliams  
(Signature)  
Toby McWilliams President  
(Title)

OIL CONSERVATION COMMISSION

APPROVED AUG 03 1989, 19  
BY Johnny Robinson  
TITLE OIL AND 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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all applicable sections and completed with