

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PL

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator MESA PETROLEUM CO			Lease SIEGREST STATE		Well No. 1
Unit Letter H	Section 25	Township T-19-S	Range R-23-E	County EDDY	
Actual Footage Location of Well: 1980' feet from the NORTH line and 660' 990' feet from the EAST line					
Ground Level Elev. 3847'	Producing Formation Morrow	Pool Undesignated Siegreist Draw Morrow	Dedicated Acreage: E/2 320 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

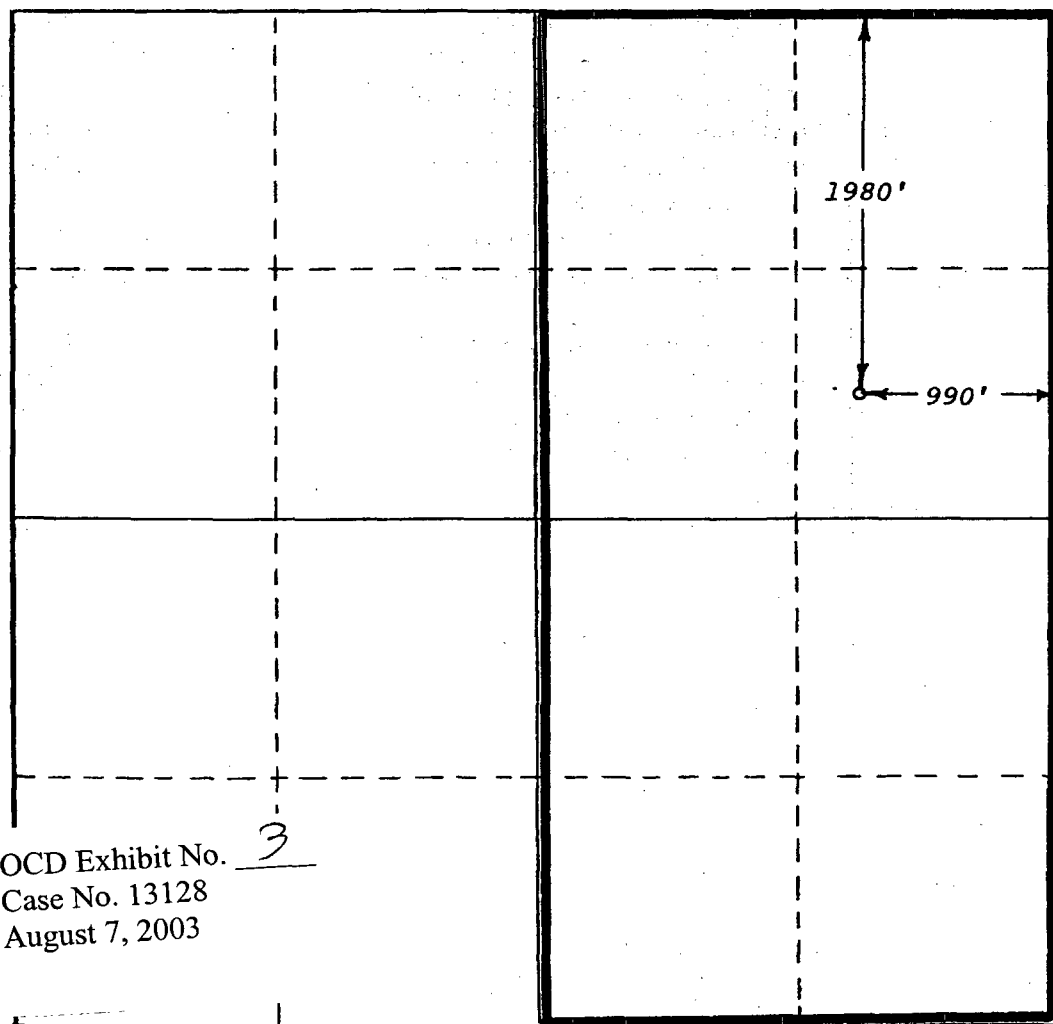
JAN - 8 1980

ARTESIA, OFFICE

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



OCD Exhibit No. 3
Case No. 13128
August 7, 2003

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

R. E. Mathis

Name
R. E. MATHIS
Position
Regulatory Coordinator
Company
Mesa Petroleum Co
Date
December 11, 1979

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

GARY D. BOSWELL
NO. 6689
DECEMBER 3, 1979
Date Surveyed
Gary D. Boswell
Registered Professional Engineer and/or Land Surveyor

Gary D. Boswell
Certificate No.

6689

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

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OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

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O. C. D.

ARTESIA OFFICE

30-015-23119

Form C-101
Revised 1-1-65.

5A. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	LG-3216

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	7. Unit Agreement Name	
b. Type of Well	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	8. Farm or Lease Name	Siegrist State
2. Name of Operator	Mesa Petroleum Co.	9. Well No.	1
3. Address of Operator	1000 Vaughn Building, Midland, Texas 79701	10. Field and Pool, or Wildcat	Undesignated, Morrow
4. Location of Well	UNIT LETTER H LOCATED 1980' FEET FROM THE North LINE	12. County	Eddy
AND 990' FEET FROM THE East LINE OF SEC. 25 TWP. 19S RGE. 23E NMPM			
19. Proposed Depth	8600'	19A. Formation	Morrow
20. Rotary or C.T.			Rotary
21. Elevations (Show whether DF, RT, etc.)	3847' GR 3859' RKB	21A. Kind & Status Plug. Bond	Blanket
21B. Drilling Contractor	Moranco	22. Approx. Date Work will start	1-11-80

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48#	250'	275	Surface
11"	8-5/8"	24#	1800'	200/190/200	Surface
7-7/8"	4-1/2"	11.6#/10.5#	8600'	830/300	Sufficient to cover all pay

gas is not dedicated

Propose to drill 17-1/2" hole to depth of 250' with gel flocculated with lime, treated with paper, fiber and hulls. Will then run 13-3/8" casing with centralizers on middle of bottom two joints and cement with 275 sx Class "C" + 2% CaCl to surface. Will install 13-3/8" slip-x 12" API 3000 psi bradenhead with one 2" API 3000 psi ball valve and install 12" API 3000 psi x 10" API 3000 psi rental spool; nipple up 10" API 3000 psi WP double BOP with pipe rams (bottom) and blind rams and test to 600 psi for 30 minutes. Drill 11" hole to 1800' with fresh water and lost circulation material if needed, will run 8-5/8" casing with centralize on jts 1, 3 and 5 and cement baskets for loss zones. Will cement with 200 sx thix-set, follo by 190 sx Howco Lite and tailed in with 200 sx Class "C" to surface. Install 12" API 3000 ps x 10" API 3000 psi casing spool with one 2" API 3000 psi gate valve. Nipple up 10" API 3000 psi WP double BOP & 10" API 3000 psi WP Hydril. Hook up 3000 psi choke manifold and test BOP stack & manifold to 1500 psi, Hydril to 1000 psi and casing to 1000 psi for 30 minutes. Drill 7-7/8" hole to total depth of approximately 8600' using fresh water to 3500' and then adding soda ash, drispac and starch for water loss control. Run 4-1/2" production casing (see lever

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PROD TIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

EXPIRES

Signed R. E. Mathis Title Regulatory Coordinator

Date 1-7-80

(This space for State Use)

APPROVED BY W. R. Gussert TITLE SUPERVISOR, DISTRICT #

DATE

CONDITIONS OF APPROVAL, IF ANY:

Cement must be circulated to

Notify N.M.O.C.C. in writing

xc- NMOCN Artesia (6) TIS JWH MFC surface behind casing

JAN - 9 1980

time to witness

cementing with 830 sx Class "C" and tailing in with 300 sx Class "H" to raise cement to approximately 3700'. Will then nipple up 10" API 3000 psi x 6" API 3000 psi tubing spool with one 2" API 3000 psi gate valve and tree consisting of 6" API 3000 psi x 2" API 3000 psi bonnet, two 2" API 3000 psi gate valves, 2" API 3000 psi x 2" API 3000 psi flanged flow tree, 2" API 3000 psi gate valve, and 2" API 3000 psi flanged adjustable choke.

NEW MEXICO OIL CONSERVATION COMMISSION
DRAWER DD
ARTESIA, NEW MEXICO

FIELD REPORT FOR CEMENTING OF WELLS

Operator <u>Mesa Petr. Co.</u>		Lease <u>Siegest State</u>		Well # <u>1</u>	
Location of Well	Unit <u>H</u> <u>1910</u> <u>990e</u>	Section <u>25</u>	Township <u>19</u>	Range <u>23</u>	County <u>El Paso</u>
Drilling Contractor	<u>Morales #5</u>		Type of Equipment <u>Rotary & Start approx 1-11-80</u>		

* witness

APPROVED CASING PROGRAM

Size of Hole	Size of Casing	Weight Per Foot	New or Used	Depth	Sacks Cement
<u>17 1/2</u>	<u>13 3/8"</u>	<u>48</u>		<u>250</u>	<u>275 lbs.</u>
* <u>17"</u>	<u>8 7/8"</u>	<u>24</u>		<u>1800</u>	<u>circ.</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>11.6+10.5</u>		<u>8600</u>	

Casing Data:

Surface _____ joints of 8 5/8" inch 24 # Grade J-55

(Approved) (Rejected) _____

Inspected by M.S. date 1/16/80

Cementing Program

Size of hole 12 1/4" Size of Casing 8 5/8" Sacks cement required _____

Type of Shoe used guide Float collar used yes Btm 3 jts welded yes

TD of hole 1810' Set 1809' Feet of 8 5/8 Inch 24 # Grade J-55

New-used csg. @ 1809' with 2002% cc sacks neat cement around shoe

+ 200 sax Class H + 12% additives 10# gilsonite - 1/2# caloflakes

Plug down @ 8:45 (AM) (PM) Date 1/18/80

Cement circulated Yes No. of Sacks 170 sx

Cemented by Western Co. of North America Witnessed by Mesa State Field

Temp. Survey ran @ _____ (AM) (PM) Date _____ top cement @ _____

Casing test @ _____ (AM) (PM) Date _____

Method Used _____ Witnessed by _____

Checked for shut off @ _____ (AM) (PM) Date _____

Method used _____ Witnessed by _____

Remarks: + 681 sx 6 5/8" (6% gel, 5# gilsonite, 1/4# caloflakes)

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O. C. D.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG - 3216	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER-
Name of Operator		
MESA PETROLEUM CO. ✓		
Address of Operator		
1000 VAUGHN BUILDING		
Location of Well		
UNIT LETTER	H	1980
FEET FROM THE	NORTH	LINE AND 990
FEET FROM		
THE EAST	LINE, SECTION 25	TOWNSHIP 19S
		RANGE 23E
		NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
SIEGREST STATE
9. Well No.
1
10. Field and Pool, or Wildcat
UNDES SIEGREST DRAW

15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3847' GR 3859' RKB	EDDY

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER Plug Back To Wolfcamp			

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to set CIBP @ 7700' and 20' of cement to block off Strawn perforations from 7783'---8098'. Will then perforate. The WC Bursum Bank from 6218'---95' and attempt completion.

NOTE: Morrow zone was perforated from 8388'---8502' but proved to be noncommercial and was blocked off with a CIBP at 8300' and 20' of cement to attempt a completion in the Strawn zone. The Strawn was tested from 3-18-80 to 3-25-80 when the CU was released. The well has been flow tested on a 16/64" choke and is noncommercial.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

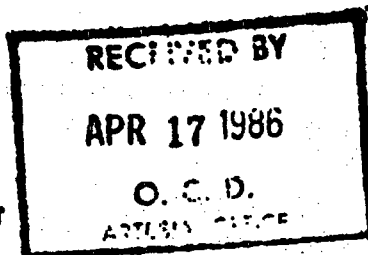
TO R. E. Martin TITLE Regulatory Coordinator DATE 7-2-80

For Record Only

PROVED BY W. A. Bessett TITLE SUPERVISOR, DISTRICT II DATE JUL 18 1980

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mesa Operating Limited Partnership

Address P.O. Box 2009, Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

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

Other (Please explain) _____

If change of ownership give name and address of previous owner Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Siegrest State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Siegrest Draw - Wolfcamp</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>LG 3216</u>
Location				
Unit Letter <u>H</u>	<u>1980</u>	Feet From The <u>NORTH</u> <u>west</u> Line and <u>990</u>	Feet From The <u>east</u>	
Line of Section <u>25</u>	Township <u>19S</u>	Range <u>23E</u>	N.M.P.M., <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

Post ID-2
4-25-86
Chg. Op. Name

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.

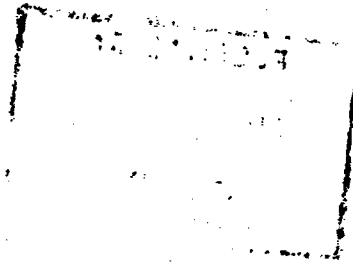
Cathy Cummings
(Signature)
Regulatory Clerk
April 15, 1986
(Date)

OIL CONSERVATION DIVISION

APR 23 1986

APPROVED _____, 19 _____
BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.



94

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	<input type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Indian Wells Oil Company</u>	
Address <u>6601 Arden Road</u> <u>San Angelo, Texas 76901</u>	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate
Other (Please explain) <u>WELL SI</u>	

If change of ownership give name and address of previous owner Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, TX 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SIEGREEST STATE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Siegreest Draw - Wolfcamp</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>LG 3216</u>
Location				
Unit Letter <u>H</u>	<u>1980</u>	Feet From The <u>north</u>	Line and <u>990</u>	Feet From The <u>east</u>
Line of Section <u>25</u>	Township <u>19S</u>	Range <u>23E</u>	<u>NMPM</u>	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE</u>	<u>Post EO-3</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>	<u>2-20-87</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>chg of</u>

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.

Larry Overby
(Signature)
Area Engineer
(Title)
2/11/87
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 19 1987, 19_____
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

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.

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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	<input type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

Operator

Parker & Parsley Petroleum Company

Address

P. O. Box 3178, Midland, Texas 79702

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recompletion
☒ Change in Ownership

Change in Transporter of:

- ☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

Indian Wells Oil Company, 6601 Arden Road, San Angelo, Texas 76901

I. DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Siegest State	1	Siegest Draw - Wolfcamp	State, Federal or Fee State	LG 3216
Location				
Unit Letter	H	1980 Feet From The	North Line and	990 Feet From The East
Line of Section	25	Township	19S	Range 23E, NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
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)	
None		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	
this production is commingled with that from any other lease or pool, give commingling order number:		

Post ID-3
10-28-88
chg up

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

I. CERTIFICATE OF COMPLIANCE

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.

Michael Reeves
(Signature)
District Operations Manager

10-18-88.

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 2, 1988, 19

BY Original Signed By

TITLE Mike Williams

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 allow
able 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 multiple
completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	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			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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 of oil well)

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 (Start-End)	Casing Pressure (Start-End)	Choke Size

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OCT 19 1988

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
Department of Minerals and Natural Resources

OIL CONSERVATION DIVISION

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

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

JAN 22 '91

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator I. T. Properties		Well API No.
Address 3502 Yachtclub Ct., Arlington, Texas 76016		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator **Parker & Parsley Petroleum Company, Box 3178, Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Siegrist State	Well No. 1	Pool Name, Including Formation Siegrist Draw - Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. LG 3216
Location				
Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line				
Section 25 Township 19 S Range 23E , NMPM , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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'v	Diff Res'v
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

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	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

Operator

IT Properties

Well

Siegler - Street #1

Unit

4 Section 25 Township 19 Range 23

API #

30-015-23111

TOPS

San Andres 2900

Gleason 1689

Tubb 3077

Abe 3701

Welfcamp 4830

Denn 6694

Canyon 7097

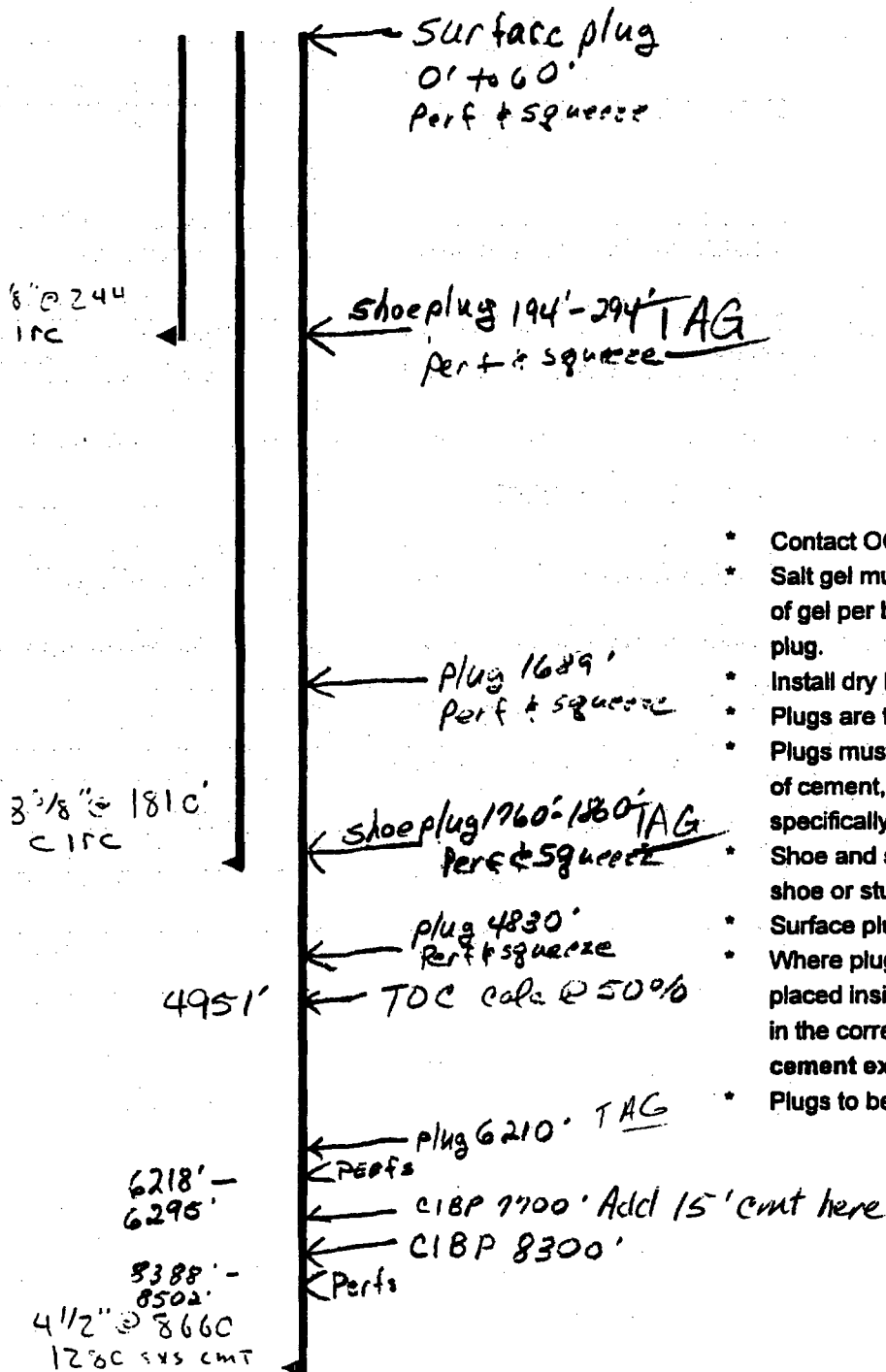
Tatum 7779

Irish 8080

Marion LS 8239

Marion CI 8402

Chester 8614



- * Contact OCD 24 hrs. prior to any work done.
- * Salt gel mud consisting of 10# brine with 25# of gel per barrel must be placed between each plug.
- * Install dry hole marker as per Rule 202.B.2
- * Plugs are to be set from point indicated up.
- * Plugs must not be less than 100' or 25 Sacks of cement, whichever is greater, unless specifically indicated.
- * Shoe and stub plugs will be 50' above and below shoe or stub and tagged.
- * Surface plug will be from 0' - 60'
- * Where plugs are required, cement must be placed inside and outside of all casing string(s) in the correct footage or sacks required, if no cement exists.
- * Plugs to be tagged will be indicated.

MUB