

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

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

CSE  
BT  
GT  
UP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Siete Oil and Gas Corporation	Well API No. 30-005-62846
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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 Mojave Federal	Well No. 1	Pool Name, Including Formation Buffalo Valley Penn	Kind of Lease State, Federal or Fee	Lease No. NM-0115465-A
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>15S</u> Range <u>27E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco, 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Nat. Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso TX 79978			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15	Twp. 15S	Rge. 27E
Is gas actually connected? Yes		When? 9-12-91		

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 4/25/91	Date Compl. Ready to Prod. 5/26/91		Total Depth 8675'		P.B.T.D. 8637'			
Elevations (DF, RKB, RT, GR, etc.) 3461' GL	Name of Producing Formation Atoka		Top Oil/Gas Pay 8202'		Tubing Depth 8088'			
Perforations 8202'-8242'					Depth Casing Shoe 8675'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	365'	370 sxs circ
12 1/4"	8 5/8"	1610'	750 sxs circ
7 7/8"	5 1/2"	8675'	1520 sxs
	2 3/8"	8288'	

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 974 CAOF/day	Length of Test 4 hrs	Bbls. Condensate/MMCF 6	Gravity of Condensate 38.0
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1565 Avg	Casing Pressure (Shut-in) N/A	Choke Size varied

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  
6/7/91  
Date  
(505)622-2202  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 12 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.