

at 5 Copies
Appropriate District Office
Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

RECEIVED

NOV 15 1991

O. C. D.

ARTESIA OFFICE

Box 1980, Hobbs, NM 88240

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Old Loco Oil Company	Well API No.	3001525132
Address	P.O. Box 113, Loco Hills, N.M. 88255		
Operation(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
Well Completion	<input type="checkbox"/> Change in Transporter of:		
Change in Operator	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change of operator give name	Siete Oil & Gas, P.O. Box 2523, Roswell, N.M. 88201		
Address of previous operator			

DESCRIPTION OF WELL AND LEASE

Well Name	Sackett	Well No.	1	Pool Name, Including Formation	Grayburg Jackson-sr-g-g-sa	Kind of Lease	State, Federal or Fee	Lease No.	NM14847
Location	Unit Letter M : 330 Feet From The West Line and 330 Feet From The South Line								
Section	29	Township	17-S	Range	29-E	NMPM	Eddy	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation 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)	4001 Penbrook, Odessa, Texas 79762					
Designation of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	4001 Penbrook, Odessa, Texas 79762					
Well produces oil or liquids, location of tanks.	Unit M	Sec. 29	Twp. 17-S	Rge. 29-E	Is gas actually connected?	yes	When?	8-15-85

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

COMPLETION DATA

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part ID-2
			12-6-91
			chg ap

TEST DATA AND REQUEST FOR ALLOWABLE

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.)		
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

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature Arvin Kinnibrough Vice President
Printed Name Arvin Kinnibrough Title
Date 11-14-91 Telephone No. (505) 677-2262

OIL CONSERVATION DIVISION

Date Approved NOV 25 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.