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SANTA FE			SANTA FE, NEW MEXICO 87501	
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	REQUEST FOR ALLOWABLE		
	GAS	AND		
OPERATOR		AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS		
PRORATION OFFICE				

I. Operator

Siete Oil and Gas Corporation ✓

Address

Post Office Box 2523, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-1-85

UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Geronimo Federal	1	Shugart <u>Wildcat - Delaware</u>	State, Federal or Fee Federal	NM-025777
Location				
Unit Letter	G	2310 Feet From The North Line and 2310 Feet From The East		
Line of Section	24	Township 18S Range 31E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name 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)					
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79762					
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)					
N/A						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	24	18	31	NO	

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.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11/7/84	2/5/85		6417'		4747.5'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3744 R.K.B.	Delaware		4258' <u>4268</u>		4273'			
Perforations 4268, 4269.5, 4271, 4272.5, 4274, 4275.5, 4277, 4278.5, 4280, 4281.5, 4283, & 4284.5					Depth Casing Shoe			
					5368'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		846' K.B.		415 sxs Class "C"			
7 7/8"	5 1/2"		5367' K.B.		900 sxs Lt.W. Class "C"			
5 1/2"	2 3/8"		4273'		N/A			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/5/85	2/17/85	Pumping (Bethlehem 114 Lufkin Type) <u>Post ID</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	N/A	N/A	None <u>Comp & BK</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
121 BBL	105	16	44 MCF

GOR 419

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bell L. Adams
(Signature)
President
(Title)
February 21, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 6 1985, 19____

BY _____ Original Signed By
Leslie 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.