

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

Form C-104
Revised 10-1-78

NO. OF COPIES REQUIRED	
DISTRIBUTION	
LAND OFFICE	☒
FILE	☒
W.R.M.B.	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
PERMITS OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I. OPERATOR

Siete Oil and Gas Corporation

Address
P.O. Box 2523, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

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

Recompletion ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Map Scottsdale Federal	Well No. 1	Pool Name, including Formation Yates-SR-Queen-Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. LC029392B
Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>18-S</u> Range <u>31-E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of intake.	Unit <u>B</u> Sec. <u>27</u> Twp. <u>18-S</u> Rge. <u>31-E</u> Is gas actually connected? <u>Yes</u> When <u>7/11/85</u>

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 Flow	Diff. Flow
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (DF, RKB, AT, 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					
			Post 20-3					
			8-9-85					
			Add 6T: PP					

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.)
Length of Test	Tubing Pressure	Casing Pressure
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 (pump, back pr.)	Tubing Pressure (Static-Lp)	Casing Pressure (Static-Lp)	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.


(Signature)
President
(Title)
August 1, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 6 1985
Original Signed By
BY Les A. Clements
TITLE Supervisor District II

This form is to be filled 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.