

**OIL CONSERVATION DIVISION**

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

NOV 9- '89

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION. C. D.  
TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

Operator Siete Oil and Gas Corporation ✓		Well API No. 30-015-25123
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 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 Conoco, Inc., P.O. Box 460, Hobbs NM 88240		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Tuesday Federal		Well No. 1	Pool Name, Including Formation <del>Burton Flats, East</del> <i>Wind Wolf</i>	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter <u>M</u> : <u>810</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>19S</u> Range <u>29E</u> , <u>NMPM</u> , <u>Eddy</u> County					

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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 ?

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

#### IV. COMPLETION DATA

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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			
						Post ID-3			
						11-17-89			
						chg. ap.			

<p><b>V. TEST DATA AND REQUEST FOR ALLOWABLE</b></p>	
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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.)	
	Producing Method (Flow, pump, gas lift, etc.)

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 just at least 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

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

## 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

Signature  
Cathy Batley, Drlg. & Prod. Tech.

Printed Name  
11/8/89

Title  
(505) 622-2202

Date  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved NOV 17 1989

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT 19

**Title**

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 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.