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OPERATOR	☒
PRODUCTION OFFICE	

RECEIVED BY	CONSERVATION DIVISION
JAN 16 1986	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501
O. C. D.	REQUEST FOR ALLOWABLE AND
ARTESIA, OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Siete Oil & Gas Corporation

Address
P. O. Box 2523, Roswell, NM 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☒ Dry Gas ☐ Condensate Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner

B. DESCRIPTION OF WELL AND LEASE

Lease Name Geronimo	Well No. 2	Pool Name, including Formation Shugart - Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. NM025777
Location Unit Letter <u>B</u> ; <u>950</u> Feet From The <u>North</u> Line and <u>2310'</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>18-S</u> Range <u>31-E</u> , NMPM, <u>Eddy</u> County				

C. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Condensate Gas ☒ or Dry Gas ☐ Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>24</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

D. COMPLETION DATA

Designate Type of Completion - (X)	☐ Oil Well	☐ Gas Well	☐ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Sand Reelv.	☐ Drill Reelv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (SP, RKB, RT, CR, 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					

E. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

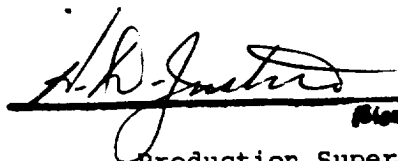
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (press. back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

F. 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)Production Supervisor
(Title)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1986, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District IIThis 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 deviated test 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.