

OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED SANTA FE, NEW MEXICO 87501

SEP -9 1985

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

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Siete Oil and Gas Corporation

Post Office Box 2523, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Testing Allowable

8-27-85 to 9-30-85 - 2400 - 3,000 bbls.

Month of Sept 1985

Permit 3750-3791

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.
Blackhawk Federal	2	Shugart - Penrose	State, Federal or Fee Federal	LC065680
Location				
Unit Letter	F	2310	Feet From The North	Line and 1980
Line of Section		24	Township	18-South
Range		31-East	NMPM	Eddy
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79672	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79672	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	24
	18-S	31-E
Is gas actually connected?	When	
No	9/04/85	

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 Seal	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevation (DP, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Particulates					Depth Casing Stop			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 (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.

(Signature)

President

(Title)

September 5, 1985

OIL CONSERVATION DIVISION

APPROVED SEP 10 1985

Original Signed By
BY Lou A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1184.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the destruction
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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.