STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT US OF LOOMS MELTING DISTRIBUTION SANTA FE FILE US.D.D. LAND OFFICE TRANSPORTER OIL PROMATION OFFICE I. Operator Siete Oil & Gas Con	AUTHO	SANTA FE, NE REQUEST FO	OX 2088 W MEXI DR ALLOW	CO 87501		\S	Form C-104 Revised 10-01 Format 06-01 Page 1	-
Address						·····		
P. O. Box 2523, Ro	swell,	NM 88201		-				
X New Well	Reeson(s) for filing (Check proper box)   X Now Well Change is Transporter of:			OTHE CASTNGHEAD GAS MUST NOT BE				
Recompletion				D AFTER				
Change in Ownership	Change in Ownership Casinghees Gas Condensate UNLESS AN EXCEPTION FROM							
If change of ownership give name and address of previous owner				THE B. L. M. IS OBTAINED				
II. DESCRIPTION OF WELL AND LI		Pool Name, Indiding F Shugart - Gra		<u></u>	Kind of	Lease ederal or Fee Fec	leral	Lease No. NM025777
Location	L'	San Andrés						
Unit Letter <u>H</u> ; <u>1750</u> Line of Section <u>24</u> Townshi	100	m The <u>North</u> Lir Range	ne and <u>99</u> 31E		_ Feet F	rom The <u>East</u>		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Duu			County
III. DESIGNATION OF TRANSPOR'		OIL AND NATURA	Address (	Give address t	o which a	upproved copy of thi	s form is to	he cent
Texas New Mexico Pipeli	ne					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,	Post ID 2
Name of Authorized Transporter of Casinghe Phillips Petroleum Comp	any					ipproved copy of thi		be sens) 5-16 86 mpot BK
If well produces oil or liquids, give location of tanks,	A 24		Is gas act	ually connecte	d?	When 5/15/86		0
If this production is commingled with the				ungling order	number			
NOTE: Complete Parts IV and V on							<u> </u>	
VI. CERTIFICATE OF COMPLIANCE				OIL CO	DNSER	VATION DIVIS	ION	
I hereby certify that the rules and regulations of	the Oil Co	nservation Division have	APPRO		MAY	1 2 1986	1	•
been complied with and that the information given is true and complete to the best of my knowledge and belief.				Original Signed By				
				By Original Signed By Mike Williams				
				TITLEOil & Cas Inspector This form is to be filed in compliance with RULE 1104.				
N. Manshel				his is a requ	est for a	ilowable for a new	wiv deillad	or deepened
(Signature)				is form must	pe vcco	mpanied by a tabe ccordance with a	ulation of i	the deviation
Production Super (Tub)	visor	[	All	sections of t	his form	must be filled ou		ly for allow-
5/06/86				new and rec	ompleted	Weils.		

(Date)

Fill out only Sections L. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. - -----

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Separate Forms C-104 must be filed for each pool in multiply completed wells.



## Form C-104 Revised 10-01-78 Format 08-01-83 Page 2

## IV. COMPLETION DATA

Designate Type of Completi	on - (X)	OII Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Restv.	Diff. Resty	
Date Spudded	Date Compl. Reedy to Pred. 5/04/86		Total Depth 4500'			P.B.T.D. 4489'				
4/21/86										
Elevetions (DF, RKB, RT, GR, etc.) 3706 ' GR	Name of Producing Formation Grayburg			Top Oll/Gas Pay 4299			Tubing Depth 4277'			
Perferetions							Depth Casir	g Shoe		
4299' to 4309.5'							4499	1		
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D				
HOLESIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12 1/4"	8	5/8"			362'		230 "C"	2% CaC1	2	
7 7/8"	5 1/2"			4499'			500 "A" High Early III			
								50/50 p		
5 1/2"	2	3/8"			4277		N/A			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanks 5/03/86	Date of Teet 5/06/86		Producing Method (Flow, pump, gas lift, esc.) Pumping (American 114)	
Length of Test	Tubing Pressure	Casing Pressure	Cheks Size	
24 hrs.	N/A	N/A	N/A	
Astual Pred. During Test	Oli-Bhis.	Water - Bhie.	Gas-MCF	
228	115	113	EST 55	

## GAS WELL

Actual Pred. Test-MCF/D	Length of Test	Bbis. Contensets/MACF	Grevity of Condensate
N/A			
Tooting Mothed (pitet, back pr.)	Tubing Pressure ( Shub-in )	Casing Pressure (Shub-12)	Cheke Size