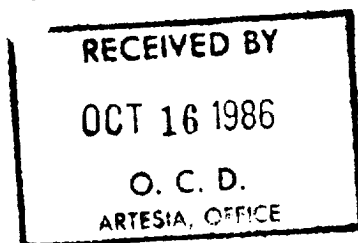


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	



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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Siete Oil & Gas Corporation

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geronimo Federal	Well No. 8	Pool Name, including Formation East Shugart Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM025777
Location Unit Letter <u>I</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>18</u> Range <u>31</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 791, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit : <u>G</u> Sec. : <u>24</u> Twp. : <u>18</u> Rgs. : <u>31</u> Is gas actually connected? <u>Yes</u> When <u>9-30-86</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

H. D. Jester
(Signature)
V.P. Drilling & Production
(Title)
10/10/86
(Date)

OIL CONSERVATION DIVISION

OCT 17 1986

APPROVED _____, 19 _____
BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

This 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 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.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/08/86	Date Compl. Ready to Prod. 9/22/86		Total Depth 5500'		P.B.T.D. 5441'				
Elevations (DF, RKB, RT, GR, etc.) 3701' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay Delaware 5042'		Tubing Depth 4998'				
Perforations 5042' to 5094'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 $\frac{1}{2}$	8 5/8"		358'		250				
7 7/8	5 1/2"		5498'		910				
5 $\frac{1}{2}$	2 3/8"		4998'		N/A				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 9/30/86	Date of Test 10/02/86	Producing Method (Flow, pump, gas lift, etc.) Pumping (Trico 160)	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 167	Oil - Bbls. 99	Water - Bbls. 68	Gas - MCF 150

GAS WELL

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