

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. 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"/>
PROBATION OFFICE	

OIL CONSERVATION DIVISION

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

RECEIVED BY SANTA FE, NEW MEXICO 87501
FEB -3 1987
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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Condensate Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geronimo Federal	Well No. 9	Pool Name, including Formation East Shugart Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-025777
Location Unit Letter <u>G</u> : <u>1730</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 <input checked="" 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> Rge. <u>31</u>	Is gas actually connected? <u>Yes</u> When <u>12/23/86</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.

Charles D. Justice
(Signature)
V.P. Drilling & Production
(Title)
2/2/87
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 1987, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 12/01/86	Date Compl. Ready to Prod. 12/20/86	Total Depth 5400'		P.B.F.D. 5360'					
Elevations (DF, RKB, RT, CR, etc.) 3708'GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5022'		Tubing Depth 4976'					
Perforations 5022' - 5072'						Depth Casing Shoe 5400'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"		8 5/8" 24#		345'		200 sx HE II			
7 7/8"		5 1/2" 15.5#		5400'		1360 sx DLW III			
5 1/2" 15.5#		2 3/8"		4976'		N/A			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Tests 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)

Date First New Oil Run To Tanks 12/20/86	Date of Test 2/2/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 60	Casing Pressure N/A	Choke Size 18/64
Actual Prod. During Test 119	Oil - Bbls. 109	Water - Bbls. 10	Gas - MCF 130

GAS WELL

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