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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Arleiia, NM 88210 DISTRICT III		ON DIVISION 88 87504-2088			at Bott. Ri	om of Page			
1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWAE				BLE AND AUTHORIZATION L AND NATURAL GAS				B 19 '90	
Operator	10 14	MANSPUHIC	AND I	NATURAL G		API No.). C. a	
Siete Oil & Gas Cor	poration 🗸				30		2584	SM. OFFICE	
P. O. Box 2523, Ros	well, NM 882	01							
Reason(s) for Filing (Check proper box) New Well	O	:- T		Other (Please exp	lain)				
Recompletion		in Transporter of: Dry Gas	j						
Change in Operator	Cazinghead Gas	Condensate]						
If change of operator give name and address of previous operator									
IL DESCRIPTION OF WELL	ANDIEACE								
Lease Name	Well No.	Pool Name, Inch	dine Formeri	~	Wind.	of Lease			
Geronimo Federal	_ 1 1						of Lease (Federal MORM) NM-025777		
Location			<u> </u>				1 1414-	023/1/	
Unit Letter P	_ :990'	_ Feet From The _		Line and 33	<u> 80'</u> F	set From The	East	Line	
Section 24 Townsh	ip 18S	Range	31E	NMPM,	E	ddy		County	
III. DESIGNATION OF TRAN	SPORTER OF O	II. AND NATI	IRAT. GA	c					
Name of Authorized Transporter of Oil	or Conde		Address (Give address to wi	hich approved	copy of this f	orm is to be set	u)	
Pride Pipeline Company			P. O. Box 2436, Abilene, TX				79604		
Name of Authorized Transporter of Casin	ghead Gas	or Dry Gas	Address (C	live address to wi	hick approved	copy of this f	orm is to be see	d)	
If well produces oil or liquids,	Unit Sec.	Twp. Rge	is eas actu	ally connected?	When	•			
pive location of tunks.	G 24	18S 31E		-) wass	,			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	gling order mu	mber:	·····				
IV. COMPLETION DATA	Oil Well	Gas Well	1 N						
Designate Type of Completion	- (X)	i Gas well	New We	II Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
reforations						Depth Casin	Shoe		
TURNIC CASING AND			CEL CEL TELLO						
HOLE SIZE	CASING & TU	CEMENTING RECORD DEPTH SET				ACKS CEME	-		
			1	DEF IN GET			ACKS CEME	N1	
			<u> </u>						
. TEST DATA AND REQUES	T FOR ALLOWA	BLE	1						
IL WELL (Test must be after re	covery of total volume of		be equal to c	exceed top allo	wable for this	depth or be fo	r full 24 hours	.)	
Inte First New Oil Run To Tank	Date of Test		Producing N	Method (Flow, pur	np, gas lift, et	:.)			
ength of Test	h of Test Tubing Pressure		Casing Pressure			Choke Size	Parte	4 IP 3	
			Trouble				3.4	-70	
ctual Prod. During Test	Oil - Bbis.		Water - Bbl	t.		Gas- MCF	1 13 1	/- /- //- // -	
			<u> </u>		l		···		
GAS WELL ctual Prod. Test - MCF/D									
CITAL LICE 188 - MCL/D	Length of Test	1 cets		Bbls. Condennate/MMCF			Gravity of Condensate		
sting Method (pilot, back pr.)	Tubing Pressure (Shut-m)		Casing Pressure (Shut-in)			Choke Size			
								!	
I. OPERATOR CERTIFICA					1	TION		i	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.			Data Approved MAR 9 1990						
Meliade X. Shekman				Date Approved					
Signature Helinda K. Hickman Production Clerk			By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name 2/16/90 Date	Title 505-622-2202 Telephone No.			Title SUPERVISOR, DISTRICT IT				· · · · · · · · · · · · · · · · · · ·	
	1 et eb	AGE 140.	<u></u>						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.