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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 88202-2523

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pueblo Federal	Well No. 1	Pool Name, including Formation Shugart <i>Y-SR-D-G</i>	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029387-D
Location Unit Letter <u>M</u> : <u>930</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>30</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent) <i>Part I p. 2</i>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>30</u> Twp. <u>18</u> Rge. <u>31</u>	Is gas actually connected? <u>No</u> When <u>N/A</u> <i>12-2-88</i> <i>Map + BKH</i>

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.

Cathy Batley
(Signature)
Drilling/Production Secretary
(Title)
11/14/88
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1988, 19
BY Original Signed By
Mike Williams
TITLE _____

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 recompleted wells.

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O. C. D.
ARTS & SCI. OFFICEForm C-104
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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rec'y.	Diff. Rec'y.
		X		X					
Date Spudded 8/16/88	Date Compl. Ready to Prod. 11/02/88		Total Depth 6125'			P.S.T.D. 6057'			
Elevations (DF, RKB, RT, CR, etc.) 3571' KB	Name of Producing Formation Queen (Penrose)		Top Oil/Gas Pay 3543'			Tubing Depth 3539'			
Perforations 3543'-3563'						Depth Casing Shoe 6125'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		503'		450 sks circ			
12 1/4"		8 5/8"		1979'		1150 sks circ			
7 7/8"		5 1/2"		6125'		1470 sks			
		2 3/8"		3539' (SN)					

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 11/02/88	Date of Test 11/09/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 103	Oil - Bbls. 31	Water - Bbls. 72	Gas - MCF TSTM

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