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

NOV 16 '88

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

C. C. D.
ARTESIA, OFFICE

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1/17/89
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Renegade Federal	Well No. 1	Pool Name, including Formation Parkway Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-67102
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>19 South</u> Range <u>29 East</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"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks. Unit : <u>F</u> ; Sec. : <u>35</u> ; Twp. : <u>19</u> ; Rge. : <u>29</u>	Is gas actually connected? <u>No</u> When <u>November 1988</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.

J. E. Rodriguez COB
(Signature)
Production/Reservoir Engineer
(Title)
October 25, 1988
(Date)

OIL CONSERVATION DIVISION
NOV 17 1988
APPROVED _____, 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 transporters 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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Re-ov.	Drill Re-
		X		X					
Date Spudded 9/16/88	Date Compl. Ready to Prod. 10/7/88	Total Depth 5800'		P.B.T.D. 5752'					
Elevations (DF, RKB, RT, GR, etc.) 3323 KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 4146'		Tubing Depth 4144'		Depth Casing Shoe			
Perforations 4146 - 4176									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	357'	665 sacks circ.
7 7/8"	5 1/2"	5795'	2915 sacks circ.

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top of allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10/7/88	Date of Test 10/22/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 190	Oil - Bbls. 80	Water - Bbls. 110	Gas - MCF 96

GAS WELL

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