

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 06-01-83
Page 1

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JAN 03 '89

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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 ☐ Dry Gas
☐ Casinthead Gas ☐ Condensate

Other (Please explain)

Age of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Osage Federal	Well No. 4	Pool Name, Including Formation Parkway Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-24160
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 35 Township 19S Range 29E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 Casinthead Gas ☒ or Dry Gas ☐ 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 N	Sec. 35
	Twp. 19S	Rge. 29E
	Is gas actually connected? Yes	
	When ETA 12-19-88	

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.

(Signature)

Drilling & Production Secretary

(Title)

12/30/88

(Date)

OIL CONSERVATION DIVISION

JAN 5 1989

APPROVED

BY **CONFIDENTIAL** 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sand Restv.	Diff. Restv.
		X		X					
Date Spudded 12/1/88	Date Compl. Ready to Prod. 12/30/88		Total Depth 5000'			P.B.T.D. 4948'			
Elevations (DF, RAB, RT, GR, etc.) 3324' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 4187'			Tubing Depth 4157' SN			
Perforations 4187'-4217'						Depth Casing Shoe 5000'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	381'	400 sks circ
12 1/4"	8 5/8"	3200'	1405 sks (1" to surface
7 7/8"	5 1/2"	5000'	420' sks
	2 3/8"	4157'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test 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 Tank 12/19/88	Date of Test 12/30/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Testing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 260	Oil - Bbls. 89	Water - Bbls. 171	Gas - MCF 116 (Est)

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back fl.)	Testing Pressure (psit-in)	Casing Pressure (psit-in)	Choke Size

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