

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88201

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil & Gas Corporation	Well API No. 30-015-26089
Address P.O. Box 2523 Roswell, NM 88202-2523	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Osage Federal	Well No. 8	Pool Name, including Formation Undesignated Parkway South	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 34 Township 19S Range 29E, NMPM, Eddy 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) POB 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) 4 Price Tower, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34
	Twp. 19S	Rge. 29E
	Is gas actually connected? Yes	When? 29 6/30/89

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 4/18/89	Date Compl. Ready to Prod. 6/15/89		Total Depth 11900'		P.B.T.D. 10011'			
Elevations (DF, RKB, RT, GR, etc.) 3320' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9256'		Tubing Depth 9138'			
Perforations 9256'-9295'					Depth Casing Shoe 11900'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		340'		635 sxs circ			
12 1/4"	8 5/8"		3200'		1300 sxs circ			
7 7/8"	5 1/2"		11900'		2450 sxs circ			
	2 3/8"		9138'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 6/15/89	Date of Test 6/15/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 4 1/2 hrs	Tubing Pressure 1865	Casing Pressure N/A	Choke Size 21/64"
Actual Prod. During Test 288	Oil - Bbls. 288	Water - Bbls. 0	Gas - MCF 562.5

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
Cathy Batley, Drilling & Production Tech.
Printed Name
6/16/89 (505)622-2202
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 26 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.