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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

DEC 27 '89

O. C. D.  
ARTESIA. OFFICE

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Siete Oil and Gas Corporation</b>	Well API No. <b>30-015-26089</b>
Address <b>P.O. Box 2523 Roswell, New Mexico 88202-2523</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" 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 <b>Osage Federal</b>	Well No. <b>8</b>	Pool Name, including Formation <b>Undesignated Atoka</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM-24160</b>
Location Unit Letter <b>G</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>34</b> Township <b>19S</b> Range <b>29E</b> , <b>NMPM</b> , <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Conoco, Inc.</b>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>POB 460, Hobbs, NM 88240</b>		
Name of Authorized Transporter of Casinghead Gas <b>El Paso Natural Gas Company</b>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>POB 1492, El Paso, TX 79978</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>34</b>	Twp. <b>19S</b>	Rge. <b>29E</b>
Is gas actually connected?		When ?		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<b>X</b>		<b>X</b>				<b>X</b>
Date Spudded <b>4/18/89</b>	Date Compl. Ready to Prod. <b>11/29/89</b>	Total Depth <b>11900'</b>		P.B.T.D. <b>11838'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>3320' GR</b>	Name of Producing Formation <b>Atoka</b>	Top Oil/Gas Pay <b>10816'</b>		Tubing Depth <b>10738'</b>				
Perforations <b>10816'-10828'</b>				Depth Casing Shoe <b>11900'</b>				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>26"</b>	<b>20"</b>		<b>340'</b>		<b>635 sxs circ</b>			
<b>13 3/8"</b>	<b>8 5/8"</b>		<b>3200'</b>		<b>1300 sxs circ</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>11900'</b>		<b>2450 sxs</b>			
	<b>2 7/8"</b>		<b>10738'</b>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D (final 4 <b>7470</b> Point + rate)	Length of Test <b>3 3/4 hrs</b>	Bbls. Condensate/MMCF <b>2</b>	Gravity of Condensate <b>54.5</b>
Testing Method (pilot, back pr.) <b>Flowing</b>	Tubing Pressure (Shut-in) <b>4400</b>	Casing Pressure (Shut-in) <b>0</b>	Choke Size <b>21/64"</b>

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  
**Eddie Rodriguez, Production/Reservoir Engr**  
Printed Name  
Date  
**December 26, 1989**  
Telephone No.  
**(505) 622-2202**

OIL CONSERVATION DIVISION

Date Approved **JAN 15 1990**

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.