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Appropriate District Office
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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

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

MAY 23 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I.

Operator Siete Oil and 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 Parkway Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>FNL</u> Line and <u>1980</u> Feet From The <u>FEL</u> Line Section <u>34</u> Township <u>19S</u> Range <u>29E</u> , <u>NMPM</u> , 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) 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 Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34
	Twp. 19S	Rge. 29E
	Is gas actually connected? Yes	When? 3/20/90

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/18/89	Date Compl. Ready to Prod. 3/20/90	Total Depth 11900'	P.B.T.D. 9000' (CIBP)					
Elevations (DF, RKB, RT, GR, etc.) 3320' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 6971'	Tubing Depth 6892'					
Perforations 7860'-8058' & 6971'-7053'	Depth Casing Shoe 11900'							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	340'	635 sxs circ
13 3/8"	8 5/8"	3200'	1300 sxs circ
7 7/8"	5 1/2"	11900'	2450 sxs
	2 7/8"	6892'	

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 3/20/90	Date of Test 3/21/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 360	Casing Pressure 940	Choke Size 32/64"
Actual Prod. During Test 191	Oil - Bbls. 832 (Est)	Water - Bbls. 267	Gas - MCF 4356/1

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.

Cathy Batley-Seely
Signature
Cathy Batley-Seely, Drlg. & Prod. Tech.
Printed Name
5/22/90
Date
(505)622-2202
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 26 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.