

Submit 5 Copies  
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

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

APR 9 1993  
O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Siete Oil and Gas Corporation Well API No. 30-015-26112  
Address P.O. Box 2523, Roswell, NM 88202-2523  
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) previous well name-Halcon St. #2  
New Well ☐ Change in Transporter of: ☒ Dry Gas ☐  
Recompletion ☐ Oil ☒ Casinghead Gas ☐ Condensate ☐  
Change in Operator ☒  
If change of operator give name and address of previous operator Strata, 200 W. 1st, Ste. 645, Roswell, NM 88201 effective 3/1/93

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway Delaware Unit Well No. 101 Pool Name, Including Formation Parkway Delaware Kind of Lease State, Federal or Fee Lease No. K-4169  
Location Unit Letter 0 : 330 Feet From The South Line and 1980 Feet From The East Line  
Section 26 Township 19S Range 29e , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) 1406 N. West County Rd., Hobbs, NM 88240  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 27 Twp. 19S Rge. 29E Is gas actually connected? yes When ?  
If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
Post ID-3  
3-26-93  
this well name

TEST DATA AND REQUEST FOR ALLOWABLE

IL 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 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-Seely  
Printed Name Cathy Batley-Seely, Drilling Tech Title  
Date 3/18/93 Telephone No. 622-2202

OIL CONSERVATION DIVISION  
MAR 22 1993  
Date Approved  
By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II  
Title

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.