

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation		Well API No. 30-015-26143
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 type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective 3/1/93
If change of operator give name and address of previous operator Meridian Oil, P.O. Box 51810, Midland, TX 79710-1810		

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Apache "A" Federal	Well No. 4	Pool Name, Including Formation Parkway Delaware	Kind of Lease State, Federal or Fee	Lease No. F-289
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>940</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>19S</u> Range <u>29E</u> , NMPM, Eddy County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Conoco Surface Transportation</b>					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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					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 B	Sec. 35	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
			Part ID-3
			3-5-93
			shg op

### 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

**AS WELL**

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

## 7. 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-Saely  
 Printed Name Cathy Batley-Saely, Drilling Technician Title  
2/26/93 (505)622-2202  
 Date Telephone No.

## OIL CONSERVATION DIVISION

Date Approved MAR 2 1993

By \_\_\_\_\_ ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title \_\_\_\_\_ SUPERVISOR, DISTRICT #

**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.