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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
Form C-104
Revised 1-1-89
See Instructions
JAN - 5 1990

C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation		Well API No. 30-015-26178
Address P.O. Box 2523 Roswell, NM 88202-2523		
Reason(s) for Filing (Check proper box) 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. 10	Pool Name including Formation Undesignated Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter H : 1980 Feet From The North Line and 660 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 Natural Gas Company	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? 11/10/89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	XX		XX					
Date Spudded 9/15/89	Date Compl. Ready to Prod. 11/17/89		Total Depth 9500'		P.B.T.D. 9457'			
Elevations (DF, RKB, RT, GR, etc.) 3310' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7034'		Tubing Depth 6636' 6936'			
Perforations 7034'-7192' 1st Bone Spring					Depth Casing Shoe 9500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		347'		510 sxs			
17 1/2"	13 3/8"		1150'		750 sxs circ			
12 1/4"	8 5/8"		3200'		1175 sxs (1")			
7 7/8"	5 1/2"		9500'		1300 sxs			

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 10/26/89	Date of Test 11/30/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 149	Oil - Bbls. 89	Water - Bbls. 60	Gas - MCF 361 (Est)

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
Cathy Batley, Drilling & Production Tech.
Printed Name _____ Title _____
Date 12/16/89 (505) 622-2202 Telephone No. _____

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.