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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

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

APR 20 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation		Well API No. 30-015-26271
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. 15	Pool Name, including Formation Parkway Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West 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) 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 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? 3/12/90
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 X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/16/90	Date Compl. Ready to Prod. 2/17/90		Total Depth 8300'		P.B.T.D. 8261'			
Elevations (DF, RKB, RT, GR, etc.) 3302' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6968'		Tubing Depth 6884'			
Perforations 6968'-7052'					Depth Casing Shoe 8300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		360'		400 sxs (1" to surface)			
17 1/2"	13 3/8"		1120'		1000 sxs circ			
12 1/4"	8 5/8"		3200'		750 sxs (1" to surface)			
7 7/8"	5 1/2"		8300'		1120 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 2/17/90	Date of Test 3/16/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 600	Casing Pressure 920	Choke Size 40/64"
Actual Prod. During Test 100	Oil - Bbls. 70	Water - Bbls. 30	Gas- MCF 1589

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, Drlg. & Prod. Tech.
Printed Name
Date 4/19/90
Telephone No. (505)622-2202

OIL CONSERVATION DIVISION

Date Approved APR 24 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.