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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

NOV 29 1991

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

+ c/s
LT
GT
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation	Well API No. 30-015-26850
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 Arco Federal	Well No. 3	Pool Name, Including Formation Shugart Yates-7Rvrs- Q-GB	Kind of Lease State, Federal or Fee	Lease No. NM-2938
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 23 Township 18S Range 31E , 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"/> Pride Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24	Twp. 18S	Rge. 31E
Is gas actually connected? Yes		When ? 11/11/91		

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/6/91	Date Compl. Ready to Prod. 10/24/91		Total Depth 4500'		P.B.T.D. 4455'			
Elevations (DF, RKB, RT, GR, etc.) 6684' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 4218'		Tubing Depth 4170'			
Perforations 218'-4280.5'					Depth Casing Shoe 4500'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	380'	235 SXS CIRC
7 7/8"	5 1/2"	4500'	1025 SXS
	2 7/8"	4170'	

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 11/7/91	Date of Test 11/10/91	Producing Method (Flow, pump, gas lift, etc.) 456 Lufkin PU	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 373	Oil - Bbls. 83	Water - Bbls. 290	Gas - MCF 65

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, Drilling Technician
Printed Name
November 18, 1991
Date
(505)622-2202
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1992

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.