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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240
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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

RECEIVED

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

OIL CONSERVATION DIVISION

MAR 11 1992

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.
DISTRICT OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SIETE OIL & GAS CORPORATION	Well API No.
Address P.O. BOX 2523, ROSWELL, NM 88202-2523	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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"/>	
Other (Please explain) CASINGHEAD GAS MUST NOT BE 5/30/92 FROM	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO FEDERAL	Well No. 4	Pool Name, Including Formation SHUG. YATES-7 Rvrs-Q-GB	Kind of Lease State, Federal or Fee	Lease No. NM-2938
Location Unit Letter B : 710' Feet From The FN Line and 1980' Feet From The FF Line Section 23 Township 185 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, TEXAS 79604	
Name of Authorized Transporter of Casinghead Gas <input 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 PENROCK, ODESSA, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 24
	Twp. 185	Rge. 31E
	Is gas actually connected? NO	When ?

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	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-7-92	Date Compl. Ready to Prod. 2-27-92		Total Depth 4430'		P.B.T.D. N/A			
Elevations (DF, RKB, RT, GR, etc.) 3698 GR	Name of Producing Formation QUEEN		Top Oil/Gas Pay 3470'		Tubing Depth 3476.3'			
Perforations 3470-3482' (7 shots)					Depth Casing Shoe 4430'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		366.5		230 SXS Post ID-2			
7 7/8"	5 1/2"		4430		350 SXS 4-3-92 comp & BK			

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 2-27-92	Date of Test 2-29-92	Producing Method (Flow, pump, gas lift, etc.) 114 LUFKIN	
Length of Test 24 HRS	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 198	Oil - Bbls. 172	Water - Bbls. 26	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.

Robbie Goodloe
Signature
ROBBIE GOODLOE ENGINEERING TECHNICIAN
Printed Name
3-6-92 (505) 622-2202
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 26 1992**

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.