Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Operator

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

JUN - 9 1992

30-015-26998

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

or or

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Siete Oil and Gas Corporation

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		S. 1987, 12 8 4
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZA	TION.
T.	TO TRANSPORT OIL AND NATURAL GAS	
		Well API No.

Address	27 1114	0000	2 2522	,							
P.O. Box 2523, Roswe	11, NM	88207	2-2523	· · · · · · · · · · · · · · · · · · ·	Othe	r (Please expla	in)				
Reason(s) for Filing (Check proper box)		Change in	n Transpor	ter of:		. (• •••••	,				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghea	ad Gas	Condens								
						-					
change of operator give name and address of previous operator	:			····		<u></u>					
I. DESCRIPTION OF WELL	AND LE						77.			7.	ace No
Lease Name		Well No. Pool Name, Including			ng Formation Kind of State, F				f Lease No. Federal or Fee NM-2938		
Arco Federal		5	Snug	gart ra	tes-/kvr	'S-Y-ub				INFI	-2930
Location										F4	
Unit Letter A	_ :	560	_ Feet Fro	om The No	rth Line	and	60	Feet F	rom The _	East	Line
				015	•				مالما		
Section 23 Townshi	p	<u> 185 </u>	Range	31E	, N	MPM,		Ed	dy		County
ing page	ICDODE	3D OF 6	NY A B.D	n bianni	DAT CAS						
II. DESIGNATION OF TRAN		or Coade		D NATU	Address (Giv	e address to wh	ich appr	wed cor	ov of this fo	rm is to be se	nt)
Name of Authorized Transporter of Oil	[XX]					V. West (8240
Conoco, Inc. Surface	irans			<u> </u>	Address (Civ	e address to wh	biob com	mind co	n of this fo	rm is to he se	
Name of Authorized Transporter of Casin		<u> </u>	or Dry	USS		e <i>adaress to wi</i> Penbrook					· - /
Phillips 66 Natrual			17	n				hen?	1//_//	,, VL	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge. 31E	Is gas actually connected? When Yes			Hen (⁷ 5/28/92		
71	I E	1 24	<u> 185</u>						3/	20/ 32	
If this production is commingled with that	from any of	iner lease o	r pool, giv	e comming	ing order num	DET:				 -	
IV. COMPLETION DATA		Oil We	<u>,, 1 /</u>	Gas Well	New Well	Workover	Deep	en l D	lug Rack	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	JOH WE	•	Des AACH	I X	i morkover	i seeb	, r		, 	[
		npl. Ready			Total Depth	<u> </u>	1		.B.T.D.	L	J
Date Spudded	Date Con					4450'		1.		43851	
5/9/92	Name of	5/28/92			Top Oil/Gas Pay				Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Ivalue of	Name of Producing Formation		4242'			•	42231			
3698' GR	Grayburg			7444			D	Depth Casing Shoe			
Perforations										4450'	
4242'-4251'		TIDDI/	CACD	NC AND	CEMENT	NG PECOP	<u> </u>			7730	
		TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	C/	CASING & TUBING SIZE			DEPTH SET				250 sxs circ Post TO		
12½"		8 5/8"		4450'					xs circ	6-19-9	
7 7/8"	- 	51/21	/8"			4223'			14/3 3		
# 1.00%			/8		 	4223					up + BK
W WAR AND DECYLE	TOT FOR	ALLOV	VADIE		ــــــــــــــــــــــــــــــــــــــ						
V. TEST DATA AND REQUE	SIFUK	ALLUV	Y ADLE	مريس لمسم النم	the equal to o	e exceed top all	lowable fo	or this d	enth or he	for full 24 hou	rs.)
OIL WELL (Test must be after			w vj toda	ou una mus	Producing M	lethod (Flow, p	ump. eas	lift. etc)	,	
Date First New Oil Run To Tank	Date of T		20 /00		t toutons to						
5/28/92		5/30/92			Casing Pressure				Choke Size		
Length of Test	Tubing P		ı ń		Cusing Lices					N/A	
24 hrs		N/	A		Water - Bbla	N/A			Gas- MCF	N/A	
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.							30 (est)		
159		39				120				<u> </u>	34/
GAS WELL						.79					
Actual Prod. Test - MCF/D	Length o	f Test			Bbls. Conde	nsate/MMCF		10	Gravity of	Condensate	
San San Company		•								· · · · · · · · · · · · · · · · · · ·	
Testing Method (pitot, back pr.)	Tubing P	Pressure (SI	hut-in)	*****	Casing Pres	sure (Shut-in)			hoke Size		
सिक्स के किया है। इस क्षेत्र के किया के किया के किया के किया किया किया किया किया किया किया किया											
VI. OPERATOR CERTIFIC	CATE	E COM	TPT TAT	NCE							
				, , , , ,		OIL COI	NSEF	₹VA`	TION	DIVISIO	NC
I hereby certify that the rules and reg	d that the inf	formation	ziven abov	re				207	Tare	- 4	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Det	Date Approved							
Λ	۸	,	^		Dat	e whhink	-u	,			
(10+1)	Hois	-10	200.	,		-	moter	A1 C1	CNED !	3V	
Signature	\sim				By_	0	KIGIN	AL SI	GNED I	اد	
Signature Cathy Batley-Seely, Drlg/Prod Tech				MIKE WILLIAMS SUPERVISOR, DISTRICT IF							
Printed Name		.05\55	Title		Title	9S	UPER	NISOH	1, DISTI	110111	
6/5/92	(5	505)622	<u>2-220</u> 2	·	'''						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

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.