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

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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DIS	IKIC	<u> </u>				
		Brazos	Rd.,	Aztec,	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSPO	RT OIL	AND NA	TURAL GA			,					
Operator Siete Oil and Gas Co		Well API No. 30-015-27445				445								
Address P.O. Box 2523, Roswell, NM 88202-2523														
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Well in the near future.  Change in Operator  Casinghead Gas  Condensate														
If change of operator give name and address of previous operator														
II. DESCRIPTION OF WELL	II. DESCRIPTION OF WELL AND LEASE													
Lease Name Well No. Pool Name, Including					ng Formation way Dela	ware		Kind of Lease Lease State, Federal or Fee NM-670		23se No.				
Unit Letter F: 1420 Feet From The North Line and 2500 Feet From The West Line														
Section 35 Township	<u> </u>	19S Range 29			E , NI	ирм,		Eddy		County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)														
Conoco, Inc.	<del>  X                                   </del>	0. 000000			1		• • •							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM						Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762								
If well produces oil or liquids, give location of tanks.	Unit F			Rge. 29E	Is gas actually			When ? 6/10/93						
If this production is commingled with that f	from any of	her lease or	pool, give	commingl	ing order numb	er:								
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v				
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.						
5/17/93		6/10			4800'			4764'						
3311' GR	Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation Delaware					Top Oil/Gas Pay 4138 '			Tubing Depth 4089 '					
Perforations 4138'-4247'								Depth Casing Shoe 4800						
					CEMENTING RECORD									
HOLE SIZE	CA	SING & TU		ZE	DEPTH SET 258 <sup>1</sup>			SACKS CEMENT						
26"		20"					720 sxs							
17½" 12½"	13 3/8"				1180' 3200'			900 sxs, 1" w/150 sxs 1150 sxs, 1" w/465 sxs						
7 7/8"	8 5/8" 5½"				4800'			485 sxs, DV Tool @ 2993						
V. TEST DATA AND REQUES OIL WELL (Test must be after re		ALLOWA	ABLE	2 7/8	" tbg se	et @ 408	91							
Date First New Oil Run To Tank	Date of Te		0) 1000 00	1 4/12 //451			ump, gas lift, e			FID-2				
6/13/93	6/14/93			Flowing			•		-6-93					
Length of Test 24 hrs	th of Test Tubing Pressure		240´		Casing Pressure 7 30			Choke Size	164"	v + BR				
Actual Prod. During Test 268	_			Water - Bbis.			Gas- MCF 605							
GAS WELL						29								
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate							
esting Method (pitot, back pr.)	ng Method (pitot, back pr.)  Tubing Pressure (Shut-in)		Casing Pressu		Choke Size									
/I. 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.				OIL CONSERVATION DIVISION										
				Date ApprovedJUL_ 2 3 1993				<u> </u>						
Signature Cathy Batley Seely, Drilling Tech				By ORIGINAL: SIGNED BY MIKE WILLIAMS										
Printed Name 6/28/93 (505)622-2202				Title.				R. DISTRI	CT II					
Date			phone No.							ri 🖚				
			-											

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.