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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
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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
AUG - 2 1993
C. I. D.

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation	Well API No. 30-015-27464
Address P.O. Box 2523, Roswell, NM 88202-2523	
Reason(s) for Filing (Check proper box) 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"/>	
Other (Please explain) This well will be turned to an inj. well in the future.	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway Delaware Unit	Well No. 506	Pool Name, Including Formation Parkway Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter J : 2635 Feet From The South Line and 2640 Feet From The East Line Section 35 Township 19S Range 29E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco, Inc.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1406 N. West County Rd., Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas Phillips	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 J Sec. 35 Twp. 19S Rge. 29E	Is gas actually connected? yes When? 7/6/93

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 6/6/93	Date Compl. Ready to Prod. 6/26/93	Total Depth 4750'		P.B.T.D. 4705'				
Elevations (DF, RKB, RT, GR, etc.) 3311' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4127'		Tubing Depth 4025'				
Perforations 4127'-36' & 4138'-4203'				Depth Casing Shoe 4750'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	350'	325 sxs circ
17 1/2"	13 3/8"	1185'	315 sxs circ
12 1/4"	8 5/8"	3200'	950 sxs, 1" w/115 sxs
7 7/8"	5 1/2"	4750'	625 sxs, DV Tool @ 2997'

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 7/5/93	Date of Test 7/10/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 180	Casing Pressure 800	Choke Size 26/64" comp & BK
Actual Prod. During Test 250	Oil - Bbls. 175	Water - Bbls. 75	Gas - MCF 350 (est)

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, Drfg Tech

Printed Name
7/27/93

Date
7/27/93

Title
(505)622-2202

Telephone No.

OIL CONSERVATION DIVISION

Date Approved
AUG 10 1993

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.