District I PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco

Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

1000 Rio Brazo	s Rd., Aztec	, NM 87410		Sant	a Fe,	NM 87	505			_	7		
District IV 2040 South Pac										L		ENDED REPOR	
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Operator name and Address										² OGRID Number			
Siete Oil & Gas Corporation									020847				
P.O. Box 2523 Roswell, NM 88202-2523										Reason for Filing Code			
									CH 5/1/94				
30 - 0 15	API Number		' Pool Name Parkway Delaware					* Pool Code 049625					
	roperty Code		Property Name										
ممم		_ 1	Agave "IK" State							' Well Number 001			
II. 10 :		439 Location											
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						Deptil Set					Sacks	Cement	
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3 Date New Oil 34 Choke Size		™ Gas Deliv	ery Date	37 Test	Date	38 Test Length		" Tbg. Pressure		re Csg. Pressure			
		40	42 Oil 43			44 Gas			45 AOF		4 Test Method		
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47 I hereby certif	y that the rule	s of the Oil Cor	servation Di	ivision have been	complied								
knowledge and b	elief.	,.voii above is tr	ас ана сотр	plete to the best of	ı my		OIL	CON	SERVATI	ON D	IVISI	ON	
Signature:	1n -	Than-	n w	+		Approved	i by: 📕						
Printed name:							SUPERVISOR DISTRICT II						
Gene Shumate Fille: President													
		Approval Date: AUG 2 8 1998											
Date: 8/9/9				15-683-15									
" If this is a ch	ange of oper	ator fill in the		nber and name o	of the prev	ious opera	tor						
	Previous	motor St.		Part_	Ch	ristin	e Picka	ırt.	Operation	s Tecl	a <u>.</u> 8/	9/96	
Presidio	Explor	erator Signatur ation, I	ne. OG	RID #0180		Printed	i Name		-	Titl		Date	

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved. operators unapprov

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW
New Well
RC
Recompletion
CH
Change of Operator (Include the effective date.)
AO
Add oil/condensate transporter
CO
Change oil/condensate transporter
AG
AG
Add gas transporter
CG
Change gas transporter
RT
Request for test allowable (Include volume requested)

If for any other reason write that reason in this box

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion
- 9 The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Numbe for this location use that number in the 'UL or lot no.' box Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State Fee Jicarilla

NU

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table:

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- Length in hours of the tes 38
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46 The method used to test the well:

Flowing Pumping Swabbin

S Swabbing If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.