bmil 5 Copies ppropriate District Office STRICT1 D. Box 1980, Hobbs, NM 88240 ISTRICT II		ONSERVA'	ral Resources Departmen			Form C-10 Revised 1- See Instru- at Bottom	1-89 octions of Page	CISI
ISTRICT II O. Drawer DD, Artesia, NM 88210	Sar	P.O. Bo hta Fe. New Me	x 2088 xico 87504-2088			RECEIVE		
ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHORIZ	ZATION		least 1 1 1		
			AND NATURAL GA	-	PI No.	APR 11'	90	
Siete Oil and Gas C	orporation 🗸				191 NO. ノトワーンしょう	610.00) .	
Address P.O. Box 2523	 		8202-2523			ARTESIA, OP	FICE	
eason(s) for Filing (Check proper box)			Other (Please explained)	in)		,		
ecompletion		Transporter of: Dry Gas						
hange in Operator	Casinghead Gas					,		
change of operator give name J.C ad address of previous operator	. Williamson,	P.O. Box 16	, Midland, TX 7	79702				1
DESCRIPTION OF WELL								٩
ense Name T.O.G. Federal	Well No.	Pool Name, Includin	ng Formation on Delaware		of Lease Federal or Fee		se No. 54771	
ocation		<u> </u>					<u> </u>	
Unit LetterG	:2310	Feet From The No.	orth Line and16	50 F o	et From The _	East	Line	
Section 16 Townsh	nip 20S	Range 29E	, NMPM,		Eddy		County	-
I. DESIGNATION OF TRA	NSPORTER OF OI							
ame of Authorized Transporter of Oil	or Conden		Address (Give address to wh	uch approved	copy of this fo	rm is to be sen	i)	
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lame of Authorized Transporter of Casi	ngneao Gas	or Dry Gas	Address (Give address to wh	ися аррхочеа	copy of this jo		"	
f well produces oil or liquids, ve location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	?			
this production is commingled with that	from any other lance		ing order number	I)
	A HOULD ALLY OUDOF ICASE OF	DOOL give communici	ng onder number.					
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INSTRUCTIONS: This form is to be filed in compliance with Kule 1104
 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filled for each pool in multiply completed wells.