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

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

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

JUL 5 '90

ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation	Well API No. 30-015-26261
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"/>	
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9/17/90
EXCEPTION FROM
THE R.L.M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name T.O.G. Federal	Well No. 5	Pool Name, Including Formation East Burton Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-0554771
Location Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East Line Section 16 Township 20S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco, Inc.	or Condensate	Address (Give address to which approved copy of this form is to be sent) POB 1959, Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas Pending	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 16	Twp. 20S	Rge. 29E	Is gas actually connected? No	When? 7/15/90 (Est)

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 4/17/90	Date Compl. Ready to Prod. 6/4/90	Total Depth 6000'	P.B.T.D. 5555'					
Elevations (DF, RKB, RT, GR, etc.) 3274.3' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 3229'	Tubing Depth 3350'					
Perforations 3229' - 3245.5'			Depth Casing Shoe 6000'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	250'	275sx35/65POZA, 200sxHEI					
12 1/4"	8 5/8"	3000'	330sx35/65POZA, 250sxHEI					
7 7/8"	5 1/2"	6000'	150sx35/65POZH, 780sxCC					

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 6/8/90	Date of Test 6/12/90	Producing Method (Flow, pump, gas lift, etc.) 160 Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 128	Oil - Bbls. 104	Water - Bbls. 24	Gas - MCF 150 (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 Barley-Seely, Drlg. & Prod. Tech.
Printed Name
7/3/90
Date
(505)622-2202
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 12 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.