Submit 5 Copies
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

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

RECEIVED
AUG 29 '90
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Siete Oil and Gas Corporation	30-015-26418
Address: P.O. Box 2523 Roswell, N.M. 88202-2523	

Reason(s) for Filing *(Check proper box)*
New Well [X] Recompletion [ ] Change in Operator [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other *(Please explain)* [ ]
CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/10/90 UNLESS AN EXCEPTION FROM THE B.L.M. IS OBTAINED

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Gila Federal	1	East Burton-Delaware		NM-0556290

Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 10 Township 20S Range 29E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Conoco, Inc.	POB 460, Hobbs, NM 88241
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Delaware Natural Gas Co.	P.O. Box 2523, Roswell, NM 88202-2523

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	M	10	20S	29E	No	9/1/90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7/4/90	~~11/9/90~~ 8-16-90	6100'	5581'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3286' GR	Delaware	5562'	5482'
Perforations			**Depth Casing Shoe**
5262-5580 5844-5866			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	247'	570 sxs
17½"	13 3/8"	1115'	985 sxs
12¼"	8 5/8"	3000'	1000 sxs (1" to surface)
7 7/8"	5½"	6100'	840 sxs

V. TEST DATA AND REQUEST FOR ALLOWABLE

2 3/8" tbg set @ 5482'

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	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
8/7/90	8/19/90	Flowing	Post ID-2 9-7-90
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	250	800	26/64" Pump & BK
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
186	43	143	40 (est)

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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.

Cathy Batley-Seely
Signature
Cathy Batley-Seely — Drilling Technician
Printed Name — Title
24 August 1990 — (505) 622-2202
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 11 1990

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.