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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

SEP 21 '90

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. 30-015-26433
Address POB 2523, Roswell, NM 88202-2523		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flathead State	Well No. 1	Pool Name, Including Formation Parkway Delaware	Kind of Lease State, Federal or Fee	Lease No. LG-4525
Location Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line Section 2 Township 20S 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) 10 Desta Dr., Rm 528-W, Midland, TX 79705				
Name of Authorized Transporter of Casinghead Gas Delaware Natural Gas Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 911 Jollyville Rd. #215, Austin, TX 78759				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 2	Twp. 20S	Rge. 29E	Is gas actually connected? No	When? ASAP

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/26/90	Date Compl. Ready to Prod. 8/23/90		Total Depth 4500'		P.B.T.D. 4455'			
Elevations (DF, RKB, RT, GR, etc.) 3320' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4118'		Tubing Depth 4021'			
Perforations 4118'-4146', 14 perfs					Depth Casing Shoe 4500'			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	340'	570 sxs (1" w/ 190 sxs)
17 1/2"	13 3/8"	1250'	930 sxs Post ID-2
12 1/4"	8 5/8"	3000'	1100 sxs 9-28-90
7 7/8"	5 1/2"	4500'	600 sxs comp # BK

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 8/23/90	Date of Test 9/3/90	Producing Method (Flow, pump, gas lift, etc.) 160 Mark-4 pumping unit	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 180	Oil - Bbls. 52	Water - Bbls. 128	Gas- MCF 50 (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, Drilling Technician  
Printed Name  
9/20/90  
Date  
622-2202  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 26 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.