

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

RECEIVED

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

DEC 21 '90

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation	Well API No. 30-015-26472
Address P.O. Box 2523, Roswell, NM 88202-2523	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Indigo Federal	Well No. 1	Pool Name, Including Formation Wildcat Bone Spring	Kind of Lease State, Federal or Fee	Lease No. LC-050797
Location Unit Letter L : 1650 Feet From The South Line and 660 Feet From The West Line Section 13 Township 20S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) #10 Desta Dr., Room 528-W, Midland, TX 79705	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Pending	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 L Sec. 13 Twp. 20S Rge. 28E	Is gas actually connected? No When? 1/15/90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/25/90	Date Compl. Ready to Prod. 11/30/90	Total Depth 7800'		P.B.T.D. 7150'				
Elevations (DF, RKB, RT, GR, etc.) 3247' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 7097'		Tubing Depth 7008'				
Perforations 7097'-7104.5' Bone Spring				Depth Casing Shoe 7800'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"	300'		330 sxs circ				
12 1/4"	8 5/8"	2875'		1320 sxs (1" w/200 sxs)				
7 7/8"	5 1/2"	7800'		1050 sxs				
	2 3/8"	7008'						

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 11/30/90	Date of Test 12/6/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 80	Casing Pressure 500	Choke Size 24/64"
Actual Prod. During Test 140	Oil - Bbls. 100	Water - Bbls. 40	Gas - MCF 120 (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.

Cathy Batley-Seely  
Signature  
Cathy Batley-Seely, Drilling Technician  
Printed Name  
December 19, 1990  
Date  
(505)622-2202  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 28 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.