

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation		Well API No. RECEIVED 5-94 20-015-23709-00
Address P. O. Box 2523 Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator MW Petroleum Corp. 2000 Post Oak Blvd., Suite 100 Houston, TX 77056		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State MA Com	Well No. 1	Pool Name, including Formation Willow Lake (Bone Spring)	Kind of Lease State, Federal or Fee	Lease No. L-5367
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 3 Township 25-S Range 28-E, 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"/> Scurlock Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648 Houston, Tx 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> American Processing	Address (Give address to which approved copy of this form is to be sent) 333 Clay, Ste 2000 Houston, TX 77002	
If well produces oil or liquids, give location of tanks. Unit H Sec. 3 Twp. 25-S Rge. 28-E	Is gas actually connected?	When?

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>	Date Spudded 2-19-92	Date Compl. Ready to Prod. 3-1-92	Total Depth 13623	P.B.T.D. 12900
Elevations (DF, RKB, RT, GR, etc.) 2997.9' GL	Name of Producing Formation Willow Lake (Bone Spring)	Top Oil/Gas Pay 7300'	Tubing Depth 12900	
Perforations 7287' - 306', 7310' - 17', 7405' - 18' w/2 SPF				Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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  
Carolyn Huntoon  
Printed Name  
5-4-94  
Date  
Engineering Tech  
(713) 296-6000  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

Title

JUL 11 1994

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.