

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

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MAR 7 '90

ARTESIAN OFFICE

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
STATE FM	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.E.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	
Operator	

Boyd & McWilliams Energy Group, Inc.

Address
 300 W. Texas, Suite 704, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in name effective 3/1/90
Incompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner: Siete Petroleum Corporation, same as above

1. DESCRIPTION OF WELL AND LEASE

Lease Name Spitfire 19	Well No. 1	Pool Name, including Formation Phantom Draw Wolf Camp Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0459862A
Location Unit Letter <u>H</u> ; <u>1970</u> Feet From The <u>North</u> Line and <u>670</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>26-S</u> Range <u>31-E</u> , NMPM, <u>Eddy</u> County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Koch Oil Company</u>	<u>P.O. Box 2239, Wichita, Kansas 67201</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Gathering Systems, Inc.</u>	<u>300 West Texas, Suite 1100, Midland, Texas 79701</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
<u>H 19 26S 31E</u>	<u>Yes 10-11-85</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reav.	Drill. Reav.
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Perforations	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post ID-3</u>
			<u>3-23-90</u>
			<u>why up</u>

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 Tanks	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 (prod, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Toby McWilliams
 (Signature)

Toby McWilliams, President

March 1, 1990
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAR 21 1990 19

BY ORIGINAL SIGNED BY
MIKE WILLIAMS
 TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.