

OIL CONSERVATION DIVISION

P. O. BOX 2088

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONFIDENTIAL

Operator
Siete Oil and Gas Corporation ✓
Address
P.O. Box 2523, Roswell, NM 88201

Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-17-86
EXEMPTION FROM
F.L.M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geronimo Federal	Well No. 3	Pool Name, including Formation Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-025777
Location Unit Layer <u>A</u> : <u>890'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>18-S</u> Range <u>31-E</u> , NMPM, <u>Eddy</u> 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit: <u>G</u> Sec.: <u>24</u> Twp.: <u>18-S</u> Rge.: <u>31-S</u>	Is gas actually connected? <input checked="" type="checkbox"/> When: <u>11/30/85</u>

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 09/01/85	Date Compl. Ready to Prod. 10/02/85	Total Depth 6470'	P.B.T.D. 6459'
Elevations (DF, BKB, RT, GR, etc.) 3709' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay Delaware <u>5012</u>	Tubing Depth 4965.5'	Depth Casing Shoe 6470
Perforations <u>5012' to 5069'</u> <u>28</u> perms.				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	352'	400 sxs "C" CaCl2
7 7/8"	5 1/2" 15.5#	6470"	415 sxs 50/50 Poz
			2000 sxs Light weight
5 1/2" 15.5#	2 3/8" 4.7#	<u>4965.5</u>	N/A

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 Tanks 10/02/85	Date of Test 10/05/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	Post ID-2 1-24-86 COMPY BK
Length of Test 24 hrs.	Tubing Pressure 35	Casing Pressure 800	Choke Size 24/64
Actual Prod. During Test 416 bbls.	Oil-Bbls. 166	Water-Bbls. 280	Gas-MCF 100 Est.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (press. back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

VI. 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.

H. D. Justice
(Signature)
Production Supervisor
10/31/85
(Date)

OIL CONSERVATION DIVISION
JAN 16 1986

APPROVED _____, 1986
Original Signed By
BY _____
Supervisor District II

TITLE _____

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 production on the well in accordance with RULE 111.
Sections of this form must be filled out completely for allow 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.
Form C-104 must be filed for each well in multiple