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

O. C. D.  
SANTA FE OFFICE

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Siete Oil and Gas Corporation

Address  
P. O. Box 2523 Roswell, New Mexico 88201

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

New Well  
 Recompletion  
 Change in Ownership

Change in Transporter of:  
 Oil  
 Casingshead Gas  
 Dry Gas  
 Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geronimo Federal	Well No. 11	Pool Name, including Formation East Shugart Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NMO25777
Location Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>18 South</u> Range <u>31 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

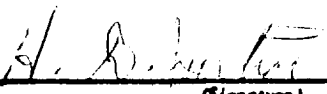
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 791 Midland, Texas 79702
Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460 Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. G 24 18S 31E	Is gas actually connected? When Yes 9/30/87

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
V.P. Drilling & Production  
(Title)  
October 9, 1987  
(Date)

OIL CONSERVATION DIVISION

NOV 24 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Original Signed By  
Mike Williams

TITLE \_\_\_\_\_  
Oil & Gas Inspector

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 deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable 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 Forms C-104 must be filed for each pool in multiply completed wells.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded 9/3/87	Date Compl. Ready to Prod. 9/30/87		Total Depth 5500'		P.S.T.D. 5489'				
Elevations (DF, RKB, RT, GR, etc.) 3701' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4676'		Tubing Depth 4676'				
Perforations 4636' - 4651' 11 perms.							Depth Casing Shoe 5499'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2	8 5/8		364'		230 sks. HEI 2&CACL2				
7 7/8	5 1/2		5499'		1200 sks. 35/65 POZ				
5 1/2 15.5#	2 3/8		4676'		N/A				

**V. TEST DATA AND REQUEST FOR ALLOWABLE** (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 9/30/87	Date of Test 10/3/87	Producing Method (Flow, pump, gas lift, etc.) Pumping (Lufkin 114)		
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A	
Actual Prod. During Test 135	Oil - Bbls. 50	Water - Bbls. 115	Gas - MCF 30 EST	

**GAS WELL**

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