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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

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

JAN 30 '89

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I.

Operator Siete Oil & Gas Corporation	Well API No. 30-015-26006
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 Renegade Federal	Well No. 3	Pool Name, Including Formation Parkway Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter <u>E</u> : <u>2230</u> Feet From The <u>North</u> Line and <u>760</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>19S</u> Range <u>29E</u> , <u>NMPM</u> , Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco, Inc.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas Phillips Natural Gas Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35	Twp. 19S	Rge. 29E	Is gas actually connected? Yes	When? 1/1/89

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 11/15/88	Date Compl. Ready to Prod. 1/20/89		Total Depth 5000'		P.B.T.D. 4298'			
Elevations (DF, RKB, RT, GR, etc.) 3312' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4127'		Tubing Depth 4103'			
Perforations 4127'-4142' 4328-4349 4557-4578					Depth Casing Shoe 5000'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	363'	700 sks circ
12 1/4"	8 5/8"	3202'	790 sks (1" to surface)
7 7/8"	5 1/2"	5000'	450 sks
	2 3/8"	4103'	

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 1/20/89	Date of Test 1/26/89	Producing Method (Flow, pump, gas lift, etc.) 114D Pumping Unit	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size Post ID-2 2-24-89 N/A comp & B5
Actual Prod. During Test 130	Oil - Bbls. 50	Water - Bbls. 80	Gas - MCF 62 (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.

Signature
Cathy D. Batley
Printed Name
1/27/89
Date
Drilling & Production
Title
(505)622-2202
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
JAN 31 1989

By
Original Signed By
Mike Williams

Title

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.