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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Petroleum Exploration Company	
Address P.O. Box 809 Roswell, NM 88201	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Request test allowable of 2000 bbls.	

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

## DESCRIPTION OF WELL AND LEASE

Lease Name West Siete Federal	Well No. 1	Pool Name, Including Formation Siete-San Andres	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 067707
Location Unit Letter <u>H</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>8-S</u> Range <u>31-E</u> <u>NMPM</u> <u>Chaves</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Navajo Crude Oil Purchasing Co.	(Give address to which approved copy of this form is to be sent) P.O. Drawer 175 Artesia NM 88210				
Name of Authorized Transporter of Casinghead Gas or Dry Gas	(Give address to which approved copy of the form is to be sent)				
Is well produces oil or liquids. Give location of tanks.	Unit 18	Sec. 8-S	Top. 31-E	Is gas actually connected? No	When

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX					
Date Spudded 3-24-84	Date Compl. Ready to Prod. 4-19-84	Total Depth 3840'	P.B.T.D. 3796'					
Elevations (D.F., R.S.B., H.T., G.R., etc.) 4187'-GL, 4197'-KB	Name of Producing Formation Siete-San Andres	Top Oil/Gas Pay 3654'	Tubing Depth 3673'					
Perforations 3654'-3663' w/ 9 shots and 3667'-3671' w/ 5 shots			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8 5/8"	1158'	450 sks
7 7/8"	4 1/2"	3792'	350 sks
	2 3/8"	3673'	

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)

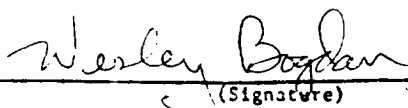
Date First New Oil Run to Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Ratio	Water-Ratio	Gas-Ratio

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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.



Sec./Tres.

(Title)

4/26/84

(Date)

## OIL CONSERVATION DIVISION

APPROVED

APR 30 1984

, 19

BY

TITLE ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1106.

If this is request for allowable for a newly drilled 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 ownership, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple

RECEIVED  
APR 30 1984  
O.C.D.  
HOBBS OFFICE