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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
Petroleum Exploration Company, Inc.Address
Post Office Box 809, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

Request test allowable of 25 bbls/day
from May 15, 1985 to May 31, 1985
395 bbls.If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
Siete-Federal	#6	Siete-San Andres	Federal	067707

Location

Unit Letter L : 2310' Feet From The South Line and 1980' Feet From The WestLine of Section 17 Township 8 S Range 31 E NMPM County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	(Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	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)

It well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	L	17	8S	31E	NO.	

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, BND, RT, GR, etc.)	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

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-Rhin.	Water-Rhin.	Gas-Rhin.

GAS WELL

Actual Prod. Test-Rhin.	Length of Test	Bbls. Condensate/24Hr	Gravity of Condensate
Producing Method (piston, back pr.)	Tubing Pressure (abst-in)	Casing Pressure (abst-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.Wesley Bogdan
(Signature)Sec 1 Tex
(Title)

5-15-85

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 20 1985, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1102.

If this is 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 allow-
able 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 Forms C-104 must be filed for each pool in multiply
completed wells.

RECEIVED

MAY 20 1985

O.C.D.
HOBBS OFFICE