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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

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil & Gas Corporation	Well API No. 30-025-30542
Address P.O. Box 2523 Roswell, NM 88202-2523	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <i>designate gas transporter & show connection date</i> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input checked="" 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 Victorio State	Well No. 1	Pool Name, Including Formation Shipp Strawn	Kind of Lease <u>State</u> , Federal or Fee	Lease No. V-988
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>16S</u> Range <u>38E</u> , NMPM, Lea 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"/> <u>Lantern Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>POB 2281, Midland, TX 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>POB 1150, Midland, TX 79702</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>31</u>	Twp. <u>16S</u>	Rge. <u>38E</u>
Is gas actually connected? <u>Yes</u>		When ? <u>6/9/89</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)	Oil Well <u>X</u>	Gas Well	New Well <u>X</u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>1/31/89</u>	Date Compl. Ready to Prod. <u>4/1/89</u>		Total Depth <u>11950'</u>		P.B.T.D. <u>11905'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3741.6' GR</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>11556'</u>		Tubing Depth <u>11460'</u>			
Perforations <u>11556'-11789'</u>					Depth Casing Shoe <u>11950'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>420'</u>		<u>370 sxs circ</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>4500'</u>		<u>1800 sxs</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>11950'</u>		<u>1060 sxs</u>			
	<u>2 3/8"</u>		<u>11460'</u>					

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 <u>4/1/89</u>	Date of Test <u>4/3/89</u>	Producing Method (Flow, pump, gas lift, etc.) <u>456 Lufkin Pumping Unit</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>N/A</u>	Choke Size <u>N/A</u>
Actual Prod. During Test <u>160 bbls</u>	Oil - Bbls. <u>154</u>	Water - Bbls. <u>6</u>	Gas - MCF <u>304 (Est)</u>
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.

Cathy Batley
Signature
Cathy Batley, Drilling & Production
Printed Name
June 13, 1989
Date
(505)622-2202
Telephone No.

OIL CONSERVATION DIVISION
JUN 15 1989

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.