

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation		Well API No. 30-025-30542
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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>7-1-89</u> UNLESS AN EXCEPTION TO R-4079 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Operator <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 <del>Wildcat Atoka</del> Shipp Strawn	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> 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"/> Lantern Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. 2281, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Undecided	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 31
	Twp. 16S	Rge. 38E
	Is gas actually connected? No	
	When? ASAP	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 1/31/89	Date Compl. Ready to Prod. N/A		Total Depth 11950'		P.B.T.D. 11905'			
Elevations (DF, RKB, RT, GR, etc.) 3741.6' GL	Name of Producing Formation Strawn		Top Oil/Gas Pay 11556'		Tubing Depth 11460'			
Perforations 11556' - 11789'					Depth Casing Shoe 11950'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		420'		370 sks circ			
12 1/4"	8 5/8"		4500'		1800 sks			
7 7/8"	5 1/2"		11850'		1060 sks			
	2 3/8"		11460'					

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 4/01/89	Date of Test 4/03/89	Producing Method (Flow, pump, gas lift, etc.) 456 Lufkin Pumping Unit	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 160	Oil - Bbls. 154	Water - Bbls. 6	Gas - MCF 304 (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 Batley, Drilling & Production  
Printed Name  
May 5, 1989  
Date  
(505)622-2202  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 2 1989  
By  
Orig. Signed by  
Paul Kautz  
Geologist  
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.

[illegible]

155

MAY 8 1964

MOB86 0445