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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

OIL CONSERVATION DIVISION

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

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

I.

Operator Siete Oil and Gas Corporation	Well API No. 30-025-30542
Address P.O. Box 2523 Roswell, New Mexico 88202-2523	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Test allowable to move 875 bbls oil Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> for perforations 11556'-11789'.	
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 Wildcat Atoka	Kind of Lease State, 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, <u>Lea</u> 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. Box 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 <u>L</u>	Sec. <u>31</u>	Twp. <u>16S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>No</u>	When ? <u>ASAP</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 <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 <u>1/31/89</u>	Date Compl. Ready to Prod. <u>N/A</u>		Total Depth <u>11950'</u>		P.B.T.D. <u>11905'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3741.6' GL</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 sks circ</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>4500'</u>		<u>1800 sks</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>11850'</u>		<u>1060 sks</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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
Cathy Batley, Drilling & Production
Printed Name
May 2, 1989 (505)622-2202
Date Telephone No.

OIL CONSERVATION DIVISION

MAY 4 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.

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