

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil & Gas Corporation	
Address P. O. Box 2523, Roswell, NM	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Approval to have casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco Federal	Well No. 2	Pool Name, including Formation Shugart SR Queen Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. NM-9017
Location Unit Letter <u>M</u> : <u>400</u> Feet From The <u>South</u> Line and <u>400</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>18S</u> Range <u>32E</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"/> Conoco <u>Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Same <u>Conoco Inc</u>	Address (Give address to which approved copy of this form is to be sent) Same
If well produces oil or liquids, give location of tanks.	Unit . Sec. Twp. Rge. Is gas actually connected? When
	M 18 18S 32E No 1/15/87

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

A. D. Justus
(Signature)
Vice President Drilling & Production
(Title)
1/14/87
(Date)

OIL CONSERVATION DIVISION

APPROVED 1/15/87 . 19
BY Paul Kautz
TITLE Geologist

This form is to be filed in compliance with RULE 1184.

If this is a 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/13/86	Date Compl. Ready to Prod. 1/4/87	Total Depth 4500'		P.B.T.D. 4487'					
Elevations (DF, RKB, RT, GR, etc.) 3720'GR	Name of Producing Formation Grayburg	Top Oil/Gas Pay		Tubing Depth 4385'					
Perforations 4420-4425				Depth Casing Shoe 4500'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" 24#		350'		200sx C 2% CaCl ₂ , 1/2#D-29			
7 7/8"		5 1/2" 15.5#		4500'		800DLW III, 8#D-44, 1/2#			
						D-29, 5#D-59, 300 A, 5#			
5 1/2" 15.5#		2 3/8" 4.7		4385'		D-44, 1/2#D-29, 5#D-59			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 1-6-87	Date of Test 1/13/87	Producing Method (Flow, pump, gas lift, etc.) Pumping (Lufkin 114)	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 140	Oil - Bbls. 60	Water - Bbls. 80	Gas - MCF 40

GAS WELL

Actual Prod. Test - MCF/D N/A	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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