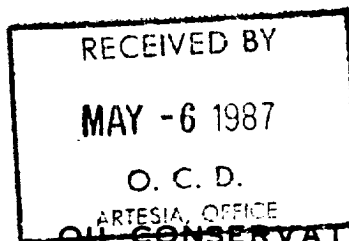


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PERMITTING OFFICE	



OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Siete Oil & Gas Corp.
Address
P.O. Box 2523, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain)

If change of ownership give name and address of previous owner

Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Inca Federal	Well No. 1	Pool Name, Including Formation East Shugart Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 9016
Location Unit Letter <u>D</u> : <u>760</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>18 S</u> Range <u>32 E</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 Inc. - Surface Trans	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	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
	D 19 18 S 32 E No 5/87

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

N/A

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.

H.L. Justian
(Signature)
Vice President Drilg. & Prod.
(Title)
5/4/1987
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 12 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

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 4/10/87	Date Compl. Ready to Prod. 5/1/87		Total Depth 5500'		P.B.T.D. 5450				
Elevations (DF, RKB, RT, GR, etc.) 3710 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay Queen		Tubing Depth 5249				
Perforations 5292 5307						Depth Casing Shoe 5500			

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	350	200 HE2 circulated
7 7/8	5 1/2	5500	352 DS, 3# salt, .5# D-59
			925 DLW, 8# salt, 1/4# D-25
5 1/2"	2 3/8	5249	N/A

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5/1/87	Date of Test 5/4/87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 50	Casing Pressure 740	Choke Size 24/64
Actual Prod. During Test 319	Oil - Bbls. 171	Water - Bbls. 148	Gas - MCF Est 200

GAS WELL

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

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