Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 82240

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, Arceia, NM 88210	()IL	P Santa Fe, No	O. B	ox 2088	1-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR ALLC				IZATION			
I. Operator	TOT	RANSPOR	T OIL	AND NAT	URAL G	AS Well A	PI No		
Siete Oil & Gas Corp	oration					, well 7	5 1 1 40.		
Address		2201							
P. O. Box 2523, Rosy Reason(s) for Filing (Check proper box)	<u>vell, Nii 88</u>	3201		Other	Please exp	lain)			
New Well	-	ge in Transporter	of:	_					
Recompletion	Oil Sociophood Con	Dry Gas Condensate							
Change in Operator If change of operator give name	Casinghead Gas	Concential	<u> </u>					· · · · · · · · · · · · · · · · · · ·	
and address of previous operator									<u> </u>
IL DESCRIPTION OF WELL		No. Pool Name	Inchedi	na Formation		Kind	(Losse	1.	ase No.
Inca Federal	Well No. Pool Name, Include			gart Delaware			KXX F. J. LIXXXX		9016
Location	_ :1700'		,			330' Fe		West	
Unit Letter		rea rom :		North Line:		Lea	et From The	MEST	Line County
Section 19 10 minus	<u> 185</u>	Range		<u> </u>	rm,	Lea			County
III. DESIGNATION OF TRAN		OIL AND N	ATU		-dd	high come and	annu od skie de	. ia 4- 4 · ·	-43
Name of Authorized Transporter of Oil Pride Pipeline Compa	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436. Abilene. TX 79604								
Name of Authorized Transporter of Casin		or Dry Gas		Address (Give address to which approved					
Conoco uno		1-		_		1	_	········	
If well produces oil or liquids, give location of tanks.	Unit Sec.	18S 3	Rge. 32F	is gas actually	connected?	When	?		
If this production is commingled with that				ng order numbe	r				
IV. COMPLETION DATA				. ,_					
Designate Type of Completion	- (X) Oil V	Well Gas V	Veil	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Date Spudded	Date Compl. Read	ly to Prod.		Total Depth		.1	P.B.T.D.		<u></u>
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			-	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing S	hoe	
	TIBIN	IG, CASING	AND	CEMENTIN	G RECOR	RD	İ		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	+	· · · · · · · · · · · · · · · · · · ·							
V. TEST DATA AND REQUES							death as be for	6.11 9.4 b	-1
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	me of load oil an	a must	Producing Med				141 24 HOLD	3.)
	3-03-1-						Y-12		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
CAC WELL	1						<u> </u>		
GAS WELL Actual Prod. Test - MCF/D				Bbls. Condensate/MMCF			Gravity of Condensate		
osting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFIC				0	IL COI	NSERVA	ATION D	VISIO	N
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 l	•	f.		Date /	Approve	ed	FEB 2	(1) 19	AN
melinde X. Il	(ckmau)								
Signature		···	-	Ву		Orig. Sig	ned by		
Melinda K. Hickman Production Clerk				Paul Kauts Geologist					
2/16/90		22-2202		Title_					
Date		Telephone No.		1					

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.

SECULATION

FEB 19 1990

MOBY CHASE