

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Siete Oil and Gas Corporation

Address
P. O. Box 2523 Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate
 Other (Please explain)
 Approval to flare 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Inca Federal
 Well No.: 7
 Pool Name, including Formation: Young North (Bone Spring)
 Kind of Lease: Federal
 Lease No.: NM 9016

Location
 Unit Letter: C : 660 Feet From The North Line and 1980 Feet From The West
 Line of Section: 17 Township: 18S Range: 32E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
 Conoco Surface Transportation
 Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 460 Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
 Conoco, Inc.
 Address (Give address to which approved copy of this form is to be sent)
 N.G.D., P. O. Box 1959, Midland, TX 79702

If well produces oil or liquids, give location of tanks:
 Unit: C Sec.: 17 Twp.: 18S Rge.: 32E
 Is gas actually connected? No When: 1/27/88

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.

[Signature]
 Production/Reservoir Engineer
 Jan. 18, 1988
 (Date)

OIL CONSERVATION DIVISION
 JAN 21 1988
 APPROVED _____, 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
12/1/87	1/18/88		9300'			8450'			
Elevations (DF, R&B, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3783.5 KB	Bone Spring		8369'			8305' SN			
Perforations						Depth Casing Shoe			
8369 - 8392' w/54 perfs.									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	499'	440 sks. circ.
12 1/4"	8 5/8"	2399'	800 sks. circ.
7 7/8"	5 1/2"	9300'	2210 sks. circ.

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1/16/88	1/17/88	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	820	1020	22/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF est.
849	801	48	1602

GAS WELL

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

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