

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Siete Oil and Gas Corporation		
Address P. O. Box 2523 Roswell, New Mexico 88202		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
<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	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mohawk Federal	Well No. 1	Pool Name, including Formation East Shugart Delawarez 1/8x	Kind of Lease State, Federal or Fee Federal	Lease No. NM9019
Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>19</u> Township <u>18S</u> Range <u>32E</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"/> Conoco, Inc. <i>Surface Transport</i>	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 <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) P. O. Box 460 Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19
	Twp. 18S	Rge. 32E
	Is gas actually connected? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	When 12/15/87	

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.

S. D. Justice
(Signature)
Vice President Drilling and Production
(Title)
November 30, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED DEC 7 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.	Dif. Res'v.
Date Spudded 10/24/87	Date Compl. Ready to Prod. 11/18/87	Total Depth 6550'			P.S.T.D. 6510'				
Elevations (DF, RKB, RT, CR, etc.) 3709' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay Delaware			Tubing Depth 5024'			
Perforations 5048' to 5072' 16 perfs.						Depth Casing Shoe 6550'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12½		8 5/8		351 KB		230 sks. Circulated			
7 7/8		5½		6550 KB		1635 sks. Circulated			
5½ 15.5#		2 3/8		5024		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 11/25/87	Date of Test 11/28/87	Producing Method (Flow, pump, gas lift, etc.) Pumping (Trico 160)	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 149	Oil - Bbls. 60	Water - Bbls. 89	Gas - MCF 50 (est.)

GAS WELL

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

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