

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SIETE OIL & GAS CORPORATION		
Address P.O. Box 2523 Roswell, NM 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 Conoco Federal	Well No. 3	Pool Name, including Formation East Shugart Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 9017
Location				
Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>18 South</u> Range <u>32 East</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 <u>Surface Transp.</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19
	Twp. 18S	Rge. 32E
Is gas actually connected?	When No 2/20/88	

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.

H. D. Justice
(Signature)
V. P. Drilling/Production
(Title)
February 15, 1988
(Date)

OIL CONSERVATION DIVISION

FEB 19 1988

APPROVED _____, 19____
BY Paul Kautz
Geologist
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.	Dill. Res'v.
Date Spudded 12/27/87	Date Compl. Ready to Prod. 1/28/88	Total Depth 5650'			P.B.T.D. 5596'				
Elevations (DF, RKB, RT, GR, etc.) 3716' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5054' Delaware			Tubing Depth 5046'				
Perforations 5054 - 5215						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" 24#		376'		230 sks. circ.			
7 7/8"		5 1/2" 15.5#		5636'		525 sks. STD			
						900 sks. 35/65 POZ			
5 1/2" 15.5#		2 3/8" 4.7#		5046'					

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 1/28/88	Date of Test 2/12/88	Producing Method (Flow, pump, gas lift, etc.) Pumping (Trico 320) 1 1/2" X 2" X 16'	
Length of Test 24 hrs.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 252	Oil - Bbls. 98	Water - Bbls. 154	Gas - MCF 55 (EST)

GAS WELL

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

RECEIVED
FEB 18 1968
CAG
HQB'S OFFICE