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State of New Mexico  
Energy, Minerals and Natural Resources Department  
  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Siete Oil and Gas Corporation	Well API No. 30-025-30323
Address P.O. Box 2523, Roswell, NM 88202-2523	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Came from Yellow Bone Spring</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Inca Federal	Well No. 8	Pool Name, Including Formation <u>Yellow</u> Wildcat-Grayburg	Kind of Lease State, (Federal) or Fee	Lease No. NM-9016
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1943'</u> Feet From The <u>West</u> Line Section <u>17</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"/> <u>Conoco, Inc. Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>10 West Dr. Rm 528-W, Midland, TX 79705</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>same as above Conoco Inc</u>	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 <u>C</u>	Sec. <u>17</u>	Twp. <u>18S</u>	Rge. <u>32E</u>	Is gas actually connected? yes	When? <u>6/20/88</u>

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <u>X</u>	Gas Well	New Well	Workover <u>X</u>	Deepen	Plug Back <u>X</u>	Same Res'v	Diff Res'v <u>X</u>
Date Spudded <u>3/26/88</u>	Date Compl. Ready to Prod. <u>12/16/90</u>		Total Depth <u>9300'</u>		P.B.T.D. <u>8290'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3760' GL</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>4440'</u>		Tubing Depth <u>4358'</u>			
Perforations <u>4440'-4450' Grayburg</u>					Depth Casing Shoe <u>9284'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>486'</u>		<u>440 sxs circ</u>			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>800'</u>		<u>800 sxs circ</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>9284'</u>		<u>2070 sxs</u>			
	<u>2 7/8"</u>		<u>4358'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL (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 <u>12/17/90</u>	Date of Test <u>12/28/90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>N/A</u>	Choke Size <u>N/A</u>
Actual Prod. During Test <u>89</u>	Oil - Bbls. <u>10</u>	Water - Bbls. <u>79</u>	Gas- MCF <u>20</u>

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Cathy Batley-Seely  
Signature  
Cathy Batley-Seely, Drilling Technician  
Printed Name  
February 4, 1991  
Date  
(505)622-2202  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

- 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.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.