

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

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 <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
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. 8	Pool Name, including Formation Young North (Bone Spring)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-9016
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>ESL N</u> Line and <u>1943</u> Feet From The <u>FWL</u> Line of Section <u>17</u> Township <u>18S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

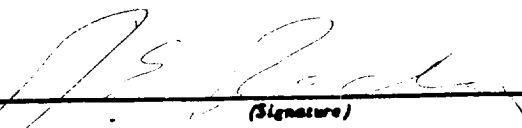
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 F	Sec. 17
	Twp. 18S	Rge. 32E
	Is gas actually connected? No	
	When 6/20/88	

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  
(Title)  
6/16/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.	Diff. Res'v.
Date Spudded 3/26/88	Date Compl. Ready to Prod. 6/16/88	Total Depth 9300			P.B.T.D. 9200				
Elevations (DF, RKB, RT, GR, etc.) 3774.5' KB	Name of Producing Formation Bone Spring	Top Oil/Gas Pay (ft.) 8799			Tubing Depth 8753				
Perforations Bone Spring 8799-9080						Depth Casing Shoe 9284			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		486'		440 sks circ			
12 1/4"		8 5/8"		2399'		800 sks circ			
7 7/8"		5 1/2"		9284'		2070 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 Tanks 6/10/88	Date of Test 6/16/88	Producing Method (if low, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 185	Oil - Bbls. 140	Water - Bbls. 45	Gas - MCF Est (131 MCF)

#### 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



LESLIE K. EVERTSON - ROSWELL  
KENNETH D. REYNOLDS - ARTESIA

**DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS**

P. O. Box 1498 ROSWELL, NEW MEXICO 88201  
TELEPHONES: ARTESIA 505/746-6757  
ROSWELL 505/623-5070

April 19, 1988

Siete Oil & Gas Corporation  
P.O. Box 2523  
Roswell, N.M. 88201

REF: Inca Federal #8-F 17-18-32

Gentlemen:

The following is a Deviation Survey on the above referenced well located in Lea County, New Mexico.

487' - 1/4°	3924' - 1 1/4°	7405' - 1°
980' - 1/4°	4410' - 1 1/2°	7716' - 3/4°
1406' - 3/4°	4918' - 3/4°	8226' - 1°
1900' - 1°	5420' - 1°	8740' - 1°
2400' - 3/4°	5928' - 1°	9300' - 1 1/4° TD
2919' - 1°	6431' - 1 1/4°	
3420' - 1°	6934' - 1°	

Sincerely,  
WEK Drilling Company, Inc.

Arnold Newkirk  
Vice-President

STATE OF NEW MEXICO)

)

COUNTY OF CHAVES )

The foregoing was acknowledged before me this 19<sup>th</sup> day  
of April 1988 by Arnold Newkirk.

MY COMMISSION EXPIRES

11-19-91

NOTARY PUBLIC