

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

I. Operator
Siete Oil & Gas Corporation

Address
P.O. Box 2523 Roswell, NM 88202-2523

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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

THIS WELL HAS BEEN PLACED IN THE FOOT DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Quanah Federal Well No.: 1 Pool Name, including formation: R-8856 2/1/89
Quelecho Plains Upper
1st Bone Spring Sand

Kind of Lease: State, Federal or Fee Federal Lease No.: NM-17807

Location: Unit Letter: N : 330 Feet From The South Line and 2310 Feet From The West

Line of Section: 14 Township: 18S Range: 32E, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P.O. Box 460 Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Undesignated	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	14	18S	32E	No	1/15/89

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.

Cathy D. Batley
(Signature)
Drilling/Production Secretary
(Title)
12/07/88
(Date)

OIL CONSERVATION DIVISION
DEC 09 1988
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SIXTON
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.

[illegible]

RECEIVED

DEC 8 1968

**OCD
HOBBS OFFICE**

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 8/24/88	Date Compl. Ready to Prod. 11/8/88		Total Depth 11243'			P.B.T.D. 8665'			
Elevations (DF, RKB, RT, GR, etc.) 3792' GR	Name of Producing Formation 1st Bone Spring Sand		Top Oil/Gas Pay 8448'			Tubing Depth 8350'			
Perforations 8448'-8516'						Depth Casing Shoe 11243'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		423'		395 sks circ			
12 1/4"		8 5/8"		3001'		1225 sks circ			
7 7/8"		5 1/2"		11243'		1910 sks			

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 11/21/88	Date of Test 12/05/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 129	Oil - Bbls. 50	Water - Bbls. 79	Gas - MCF 75 (Est)

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

RECEIVED

DEC 8 1988

OCD
HOBBS OFFICE