

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Siete Oil and Gas Corporation	Well API No. 30-025-30908
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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Erie Federal	Well No. 1	Pool Name, Including Formation Querecho Plains Bone Spring	Kind of Lease State, (Federal) or Fee	Lease No. NM-81595
Location Unit Letter D : 800 Feet From The North Line and 660 Feet From The West Line Section 13 Township 18S Range 32E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco Inc.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) POB 1959, Midland, TX 79702				
Name of Authorized Transporter of Casinghead Gas Delaware Natural Gas Co.	EFFECTIVE: February 1, 1990 GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 111 Jollyville Rd. #215, Austin, TX 78759				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 13	Twp. 20S	Rge. 29E	Is gas actually connected? No	When? 7/27/90

If this production is commingled with that from any other lease or pool, give commingling order number:

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 6/2/90	Date Compl. Ready to Prod. 6/27/90		Total Depth 8975'		P.B.T.D. 5299'			
Elevations (DF, RKB, RT, GR, etc.) 3836' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 4991'		Tubing Depth 4894'			
Perforations 4991'-5004.5' & 5013'-5017.5'					Depth Casing Shoe 5350'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		400'		600 sxs circ			
12 1/4"	8 5/8"		3140'		375 sxs circ			
7 7/8"	5 1/2"		5350'		510 sxs			
	2 3/8"		4894'					

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 7/13/90	Date of Test 7/15/90	Producing Method (Flow, pump, gas lift, etc.) 256 Lufkin PU	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 199	Oil - Bbls. 126	Water - Bbls. 73	Gas- MCF 100 (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

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 Drlg. & Prod. Tech.
Printed Name
7/20/90
Date
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.