

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

CONFIDENTIAL

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	GIL
	WAS
OPERATOR	
PAYMENT OFFICE	

Operator Siete Oil and Gas Corporation	
Address Post Office Box 2523, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Testing Allowable 8/06/85 to 9/06/85
Recompletion ☐	Perforating 9812' to 10,455'
Change in Ownership ☐	3500 bbls
Change in Transporter of: Oil ☐ Dry Gas ☐ Condensate Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner

B. DESCRIPTION OF WELL AND LEASE

Lease Name Tonto Federal	Well No. 1	Pool Name, including Formation Teas - Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. NM17439
Location Well Corner H ; 1980' Feet From The North Line and 660' Feet From The East Line of Section 10 Township 20-S Range 33-E, NMPM, Lea County				

C. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
Name of Authorized Transporter of Condensate Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 10	Top. 20-S	Rge. 33-E	Is gas actually connected? No	When 10/06/85

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.R., ST, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
MOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 avg allowable for this depth or be for full 24 hours)

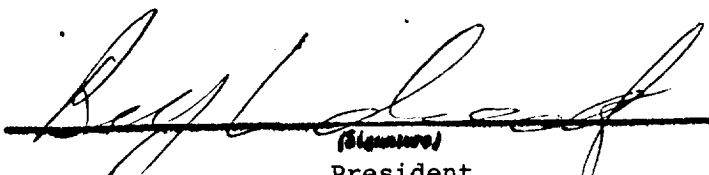
Date First New Oil Flow To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

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


(Signature)
President
(Title)

August 9, 1985

OIL CONSERVATION DIVISION

AUG 12 1985

APPROVED _____, 1985

BY _____
ORIGINAL SIGNED BY _____
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.

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AUG 12 1985

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