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

DISTRICT II
P O Drawer DD, Artesia, NM 88210

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

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	Well API No.
Seay Exploration Inc.	30-025-31300

Address: 407 N. Big Spring, Suite 200, Midland, Texas 79701

Reason(s) for Filing (Check proper box) — Other (Please explain)

New Well [X] — Change in Transporter of:
Recompletion [ ] — Oil [ ] Dry Gas [ ]
Change in Operator [ ] — Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: R-9615 12/1/91

II. DESCRIPTION OF WELL AND LEASE Southwest House Yates SR Gas

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Corrigan	1	~~South House~~ Wildcat Yates SR	State, Federal or (Fee)	

Location
Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line
Section 14 Township 20 S Range 38 E NMPM, Lea County

III. 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)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Carbon & Gasoline Co.	201 Main Street, Fort Worth, Texas 76102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	11/03/91

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 Resv	Diff Resv
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/26/91	8/16/91	7710'	3460'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3582 KB, 3569 GR	Yates-Seven Rivers	2846'	2827'
Perforations			**Depth Casing Shoe**
Yates 2846'-2950' (25 holes) Seven Rivers 2470' - 3109' (180 holes)			3490'

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" csg 24#	1700'	500sx lite + 300 sx C
7 7/8"	5 1/2" csg 15.5#	3490'	955 sx 50-50 POZ (H)
5 1/2"	2 7/8" tbg.	2827'	

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	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/MMCF	Gravity of Condensate
748	1 hour	-0-	---
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
back pressure	1387#	1120#	12/64

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.

John G Seay

Signature
John G. Seay — Owner
Printed Name — Title
11/5/91 — 915-682-8319
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.