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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 CONSERYATION DIVISION

P.Ø. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 8/410		JEST FOR							
Operator		10 110 110				Well A		001	21100
Sirgo Operating,	Inc.				A	1.50	-045	-0.16	8400
Address P.O. Box 3531	Mid	land, Te	xas 7970	02	915/685-	-0878			
Reason(s) for Filing (Check proper box)				Othe	r (Please expla	uin)			
New Well	Oil	Change in Trai	asporter of:			EFFECTI	VE OCTOBI	ER 1, 19	990
Recompletion \square	Casinghead	`	ndensate						
change of operator give name		ates Pet	roleum Co	orp.	P.O. Box	c 1936	Farmi	ngton,	New Mexico
no somess or previous operator									8820
I. DESCRIPTION OF WELL Lease Name	AND LEA	Well No. Poo	l Name, Includi	ing Formation		Kind o	of Lease	4	ase No.
NW Cha Cha Unit 3	6	1-3	Cha Cha (State,	Federal or Fee	14-20	603-217
Location	19:	80 Fee	Λ	1	10	60 Fe		Wes	4
Unit Letter	_ :	B C Fee	t From The 🗘	OF The Line	and	GC Fe	et From The	7463	Line
Section 36 Townshi	p 29N	Rai	nge 14W	, NI	ирм, Sa	n Juan			County
	iono-	D 05 011	A 30 (Th. 30) A 1970 F	DAT CAC					
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condensate	AND NATU	Address (Give	e address to wh	ich approved	copy of this for	m is to be ser	rt)
Giant Refining Co.		P.O. 1	3ox 256	Farmin	gton, Ne	w Mexic	o 87401		
Name of Authorized Transporter of Casin	ghead Gas	or]	Dry Gas	Address (Give	e address to wh	ich approved	copy of this for	m is to be ser	u)
If well produces oil or liquids,	Unit	Sec. Tw	p. Rge.	Is gas actually	connected?	When	?		
ive location of tanks.	10 i	26 129	N 14W	No		i			
f this production is commingled with that V. COMPLETION DATA	from any oth	er lease or pool	, give comming	ling order numb	er:				
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	ol. Ready to Pro	d.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay			Tubing Depth					
Perforations				Depth Casing Shoe					
					10 55005				
HOLE OIZE		UBING, CA		CEMENTI	DEPTH SET	D	S	ACKS CEME	NT
HOLE SIZE	CAS	SING & TUBIN	10 3122		DEI III OET				
V. TEST DATA AND REQUES	ST FOR A	LLOWABI	LE	<u> </u>			12	m	
OIL WELL (Test must be after r	recovery of 10	stal volume of lo	ad oil and must	be equal to or	exceed top allo	wable for	propr Efo	hour	·s.)
Date First New Oil Run To Tank	Date of Tes	st.		Producing Me	einaa <i>i ii k</i> aasaa bu		(6.5		
Length of Test	Tubing Pre	essure		Casing Pressu	tre M	NOVE	240990	J	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		au C	OLINCA,		
				<u> </u>		OFF	151. 3		:
GAS WELL				Bbls. Conden		7,	Gravity of Co		
Actual Prod. Test - MCF/D	Length of	1 68[Bois, Congen	OWAS IATIAICL		C.EVILY OF C		
Festing Method (pitot, back pr.)	Tubing Pre	essure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE			ISEDV	ATION E	אואופור	M
I hereby certify that the rules and regul Division have been complied with and	lations of the	Oil Conservation	on hove				THOIN L		′1 ◀
Division have been complied with and is true and complete to the best of my	knowledge a	nd belief.	···	Date	Approve	d	NOV :	5 19 90	
01. 411	,				. Appiove	-	-	Α	***************************************
Julie Loff	rey			∥ ву_		3	1) E	2	•
Signature U Julie Godfrey	Produc	ction Tec	hnician			SUPF	RVISOR D	710TD	• • -
Printed Name		Tit		Title		h		NO I RICT	#3
Nov. 1, 1990	915	5/685-087 Telepho	ne No						

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.

