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

State of New México Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	11200	TO TRA	ANSPO	ORT OIL	AND NAT	TURAL GA	s ·				
Operator							Well A	API No.			
Sirgo Operating, Inc.						30-045-0769200					
Address				_							
P.O. Box 3531, Mid	land, T	exas	79702	2	XX Othe	er (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpoo	rter of:	MA Our	or (1 tease expe-	,				
Recompletion	Oil		Dry Gar	[]	C	hange wel	11 numbe	ers.			
Change in Operator	Casinghea	d Gas	Conden								
If change of operator give name		01	d +	4 33	-35	35 t	# 32				
and address of previous operator			<u></u>					29.00			
II. DESCRIPTION OF WELL AND LEASE  [Lease Name   Well No.   Pool Name, Including						ng Formation Kin			d of Lease No.		
NUL Cha Cha Unit 25	V Cha Cha Unit 35 Well No. 17001 Name, including							e, Federal or Fee 14-20-603-2175			
Location \( \)	اا				<b>A</b> \	. ^	<u> </u>				
Unit Letter	. 199	80_	_ Feet Fro	om The	Lin	e and	<u>80</u> Fe	et From The	<u> </u>	Line	
Section 35 Township	29N	1	Range	14W	, NI	<u>ΜΡΜ,</u>	San Jua	an		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS	N	11W				
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Gignt Refining Co. In						P. Q. Box 256 Farmington, NM 87401  Address (Give address to which approved-copy of this form is to be sent)					
Name of Name of State											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually		When	7			
If this production is commingled with that i	from any oth	er lease or	pool, giv	e commingl	ing order numl	ber:					
IV. COMPLETION DATA		10:: 11::		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	'   '	Jab Well	1		200,000		İ		
					Total Depth			P.B.T.D.			
·											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe			
remotations											
TUBING, CASING AND C						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del> </del>										
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	· · · · · · · · · · · · · · · · · · ·							
OIL WELL (Test must be after r	ecovery of 10	stal volume	of load o	oil and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pitts Surface Choke Size						
Actual Prod. During Test	t Oil - Bbls.				Water Bas. Gas-MCF						
_	İ				69 33	IANI 4	.19 <b>91</b>				
GAS WELL							1 014	<u> </u>			
Actual Prod. Test - MCF/D Length of Test						HENCEL	4. DIA	Gravity of (	Condensate		
						DIST	. 3	Choke Size		<u> </u>	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	uie (Silot-iii)		Close 520		the state of the	
	1		DT T A 3	ICE	<del> </del>			1		·	
VI. OPERATOR CERTIFIC				NCE		OIL CON	ISERV.	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1031 4 4 4004						
is true and complete to the best of my knowledge and belief.					Date Approved						
R. At at									1 -		
Donnie (1 twater						By Bis Chang					
Signature Bonnie Atwater <u>Production Technicia</u> n					SUPERVISOR DISTRICT #3						
Printed Name			Title		Title		JUFEI	THISON			
January 10, 1991	91	5/685-	0878 lephone N	Io.							
Date		1.51	ichione i.	⊷.	11						

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.