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

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.	•	TO TRA	NSPC	DRT OI	L AND NA	TURAL G.	AS T					
Operator							Well	API No.		^		
Sirgo Operating, In	Sirgo Operating, Inc.					30-045-0777900						
Address					<u> </u>							
P.O. Box 3531, Mid		<u>cas 79</u>	9702									
Reason(s) for Filing (Check proper box)		-		_	et (Please expl	-					
New Well	0"	Change in Transporter of: Ch					nange of well number.					
Recompletion							OLD # 26 #14					
Change in Operator	Casinghea	d Gas	Condens	ate		- XE	54-14					
f change of operator give name and address of previous operator								- · · · · · · · · · · · · · · · · · · ·				
•	LANDIE	ACE					TI	NDIAN				
BESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include Well No. Pool Name, Include								of Lease	ease No.			
NW Cha Cha Unit		52 Cha Cha				-			Federal or Fee 14-20-603-			
Location			.L		<u>-</u>		l			<u> </u>		
Unit Letter	. 7	60	East Em	en Tha	Lin	19	RD E	ast Emm The	F	Line		
Omt Letter	· · · · · · · · · · · · · · · · · · ·	<u> </u>	. rea mo	411 THE		C #100	ri	æt riom the				
Section 26 Town	ship 29N		Range	14W	, N	мрм,	San Juan	n		County		
							, ,		·			
II. DESIGNATION OF TRA				NATU								
Name of Authorized Transporter of Oil		or Conden	sate [Address (Giv	e address to w	hich approved	l copy of this j	form is to be se	int)		
INJECTION	in about C		0 1	,	144	٠ دور	Link .		· · · · · ·			
Name of Authorized Transporter of Cas	anghead Gas	لـــا	or Dry C)28 <u> </u>	Address (Giv	e address to w	nich approved	copy of this j	orm is to be se	int)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	v connected?	When	2				
ive location of tanks.	1 Omv 1	3a.	ј I w p. I	l vac	is gas actuall	y confidence i	l Amen					
f this production is commingled with th	at from any oth	er lease or i	nool give	commine	ling order numi	YC						
V. COMPLETION DATA	at Holli ally our	cricase or	μω, ειτ	. william	ing order name							
V. COMBESTION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	n - (X)	1	i	************************************	1	i workover	Dupu	i riug Dack	Same Res v	I REST		
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Traine of Treating Tolling												
Perforations						·		Depth Casin	ng Shoe			
								·	-			
	TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
					<u> </u>							
								ļ				
					ļ			ļ				
			D. D.		l	 .		<u> </u>	·····			
. TEST DATA AND REQUI										•		
IL WELL (Test must be after			of load of	and must	, _ , , , , ,				for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing Me	thod (Flow, pu	urup, gas iyi, e	den dirika				
and af Tar	To Nice Des				Casing Press			Choke Size	 :			
ength of Test	Tubing Pres	ssure			Casing Fice		2004 ま 74					
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	U	- 4004	Gas-MCF				
tion build too	Oil - Bois.					FEB:	1 1991					
					l	011 0	011 P	W				
GAS WELL	- 11 - 22	· :. · · · ·			Inch. A.	OILC	UN. U	IV.	Na. 4			
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMC DIST. 3			Ondensate	*		
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		 		
esting Method (pitot, back pr.)	Juding Pres	enic (Sunt-	шյ		Casing Pressu	ic (Sim-iii)		CIORE SIZE		*		
		000 =		25	<u> </u>			1	 	<u> </u>		
I. OPERATOR CERTIFICATION				JE	(DIL CON	ISERVA	ATION	סוצועום	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION FEB 1 1 1991							
is true and complete to the best of m			II BOUVE			A .		LER I I	1997			
	\	1			Date	Approve	a					
Kammin	Tim	ton					3.1) d				
Signature					∥ By_							
Bonnie Atwater	Producti	on Tec	hnici	an_			SUPER	VISOR DI	STRICT	<i>‡</i> 3		
Printed Name			Title		Title							
2-6-91	915	/685-0										
Date		Telep	phone 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.