Submit 5 Copies
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSP	ORT OIL	AND NAT	UHAL GA	Neil Al	DI No			
Operator							l l		8068	200	
Sirgo Operating, In	ic.						30-	045- 0	0000	300	
Address											
P.O. Box 3531, Midl	and, To	exas	7970	2	Fry Oth	t (Please expla	:=)				
Reason(s) for Filing (Check proper box)			_		XX Othe	i (i ieuse expui	. .,			1	
New Well		Change in			C1		1 numba	re		ļ	
Recompletion	Oil	닏	Dry Ga		CI	nange wel	r T Hombe	15.			
Change in Operator	Casinghead	Gas	Conder	nsate			1				
If change of operator give name		$\langle \bigcirc$	17	# 15	122 (22	#12				
and address of previous operator							- 1 -	ممذلم			
II. DESCRIPTION OF WELL A	AND LEA	SE	,				Viad o	<u>idiac</u>		ase No.	
Lease Name Well No.			Pool N	lame, Includir	ng Formation			Kind of Lease No. State, Federal or Fee 14-20-603-219			
NW Cha Cha Unit	$2 \perp 1$	_حے_	Ch	na Cha (arrup		ــــــــــــــــــــــــــــــــــــــ		<u> </u>		
Location	٠	5 -			A 1) /	\sim		(1)	l	
Unit Letter	: 183	<u>30 </u>	_ Feet Fi	rom The	//Line	and _66	2() Fox	et From The		Line	
OER EXAM.				- /			Con Tue	· m		County	
Section Township	29N	· 	Range	14W	, NI	MPM,	San Jua	111		County	
•							1.111.				
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ID NATU	RAL GAS	e address to wh	W I I	come of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil	X	or Conde	nsale		Address (Oly						
Giant Refining Co.	P.O. Box 256 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing	head Gas		or Dry Gas		Address (Giv	e address 10 wh	rich approved	copy of thus	orm is to be se	nu)	
											
If well produces oil or liquids,	Unit Sec.		Twp.	Rge.	Is gas actually connected?		When	When ?			
give location of tanks.	i 1		1		<u></u>						
If this production is commingled with that f	rom any oth	er lease or	pool, gi	ive comming	ing order num	ber:					
IV. COMPLETION DATA									γ -		
		Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	ĺ			l	<u> </u>	<u> </u>	<u>l</u>	_l	
Date Spudded	Date Comp	ol. Ready t	o Prod.		Total Depth			P.B.T.D.			
San Spaces											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
								Depth Casing Shoe			
Perforations	L							Depth Casi	ng Shoe		
								<u> </u>			
TUBING, CASING AND						NG RECOR	<u> </u>	·			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
AOLE SIZE											
								ļ			
					T						
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE	E						4	
OIL WELL (Test must be after r	recovery of I	otal volum	e of load	d oil and mus	s be equal to o	r exceed top all	lowable for the	is depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Te				Producing M	icinoa (<i>rio</i> w, p	w_{μ} , y_{μ} , y_{μ} ,	elc.)			
Date First New Oil Run 10 1212						性色 医肾		<u> </u>	I Control Cine		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Lengui or rea					1 1 1						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls 1011 4 1991			Gas- MCF			
Actual Flor. During Tool	0 20					····-				<u>.</u>	
					0	CON	, Div				
GAS WELL	-, ;	7			Bbls. Conde	nsake/Marks	3	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	1 681			20.0.	[50000			Contraction of the second	` ```	
	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		Choke Siz	e		
Testing Method (pilot, back pr.)	Tubing P	ressure (Sn	іш-ш)		Casing 1100	· · · · · · · · · · · · · · · · · · ·					
VI. OPERATOR CERTIFIC	CATE O	F COM	IPLIA	NCE			NICERV	ΔTION	DIVISIO	ЙC	
I hamby carries that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						JAN 1 4 1001					
is true and complete to the best of my	knowledge	and belief.	•		Dat	e Approv	ed				
								_1	,		
Kannia / Minatin						By Bill Chang					
DENMIS ALLIEUTE						Dy					
Signature Bonnie Atwater <u>Production Technicia</u> n						SUPERVISOR DISTRICT #3					
Printed Name			Title	:	Title	e					
January 10, 1991	9	15/685	_087	8							
Date		Т	elephone	e No.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.