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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

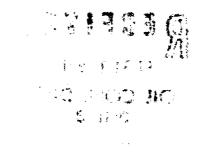
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TOTRA	ANSF	ORIO	IL AND N	ATURAL G.		API No					
Operator Sirgo Operating,				Well API No. 30-045- 1310400									
Address P.O. Box 3531, Mi	dland,	Texas	7970	02									
Reason(s) for Filing (Check proper box)				<del></del>		ther (Please exp	lain)						
New Well		Change i	n Transi	porter of:	_								
	Oil	<u> </u>	Dry (		]	Change	of wel	1 number	s.				
Recompletion $\square$				ensate	1	-	22#1						
Change in Operator	Casinghe	ad Gas _	Cond	ensate _	J	OLD #	ad	. Т					
f change of operator give name and address of previous operator								D7.111	<del></del>	<del></del>			
II. DESCRIPTION OF WELL	AND LEASE							INDIAN  Kind of Lease No.					
Lease Name		Well No. Pool Name, Includi			uding Formatio	ū		I Itula or Dealer					
NW Cha Cha Unit		<u> 130</u>	C	<u>ha Cha</u>	<u>Gallup</u>		3446	, 1 coca a c c 1 c	14-2	0-603- <u>J</u>			
Location Unit Letter	. 4	180	Feet 1	From The	5.	ine and	80 F	eet From The	_E	Line			
	hip 29	N	Rang	e 14W			an Juan			County			
Section Towns				· <del></del>			, '						
III. DESIGNATION OF TRA				ND NAT	URAL GA	Sive address to w	hich approve	d copy of this	form is to be s	ent)			
Name of Authorized Transporter of Oil	XX	or Conde	n sale			Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87401							
Giant Refining Co.										ent)			
Name of Authorized Transporter of Cas	inghead Gas		or Dr	ry Gas	T Vocuess (C	iive address 10 w	пист арргоче	L COPY OF INIS	jurin is iu ut s	/			
	1	16	1-1		a le sas sas	illy connected?	1 11/1-	n ?					
If well produces oil or liquids, give location of tanks.	Unit	S∞.	Twp.	. į Kį	ge. Is gas actu	. Is gas actually connected?		When ?					
					noting order and	mber	L						
f this production is commingled with the	at from any o	CIET ICASE OF	ι μυσι, ξ	Prac continuit	ngung order no								
V. COMPLETION DATA		10::::::	, 1	Can Well	Man 11/-	II Washanas	Deener	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion	n - (X)	Oil We	11	Gas Well	New We	II   Workover	Deepen	I ring pack	Service Ves A	l var			
		nal Barder	Don't		Total Dept		٠	P.B.T.D.	<u> </u>				
Date Spudded	Date Cor	Date Compl. Ready to Prod.				··		P.B.1.D.					
	N	Denducies 7	iorm	00	Top Oil/G	s Pay		Tubing Death					
Elevations (DF, RKB, RT, GR, etc.)	Producing I	ormatic	UII	1.00 0.00	,		Tubing Depth						
						<del></del>		Depth Casi	ng Shoe				
Perforations								Depair Case	ing office				
				TD 10 A N	D CENTEN	TNC RECOI	<u> </u>						
					D CEMEN	TING RECO		SACKS CENTERIT					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE	<u> </u>	SACKS CEMENT					
						<del></del>							
							<u>.</u>						
				<del></del>									
V. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E			tt	والمستحدث	. for 6.11 24 ho				
OIL WELL (Test must be afte			e of loa	d oil and m	ust be equal to	or exceed top at Method (Flow, p	nowable for the	atc.)	jor juli 24 no	w.s.,			
Date First New Oil Run To Tank	Date of 7	Test			Producing	Method (Flow, F	pump, gas iyi,	erc.) Mar par Pilito					
					G : - D	IN E		I Caracia					
Length of Test	Tubing P	ressure			Casing Pre	י די אוריי	<b>-</b>		Ī				
					<u> </u>	110	55 5 1/1/	1 Gas- MCF	<u> </u>				
Actual Prod. During Test	Oil - Bbl	s.			Water - Bi	ola FE	<b>B1 1</b> 199	JI CZI- MCF					
	l					~ ~	~~.	-					
GAS WELL						OIL (	LUN.	DIV.					
Actual Prod. Test - MCF/D	Length o	Test			Bbls. Con-	lensate/MMCF	DIST. 3	Gravity of	Condensate				
Months tion for - Month		Tought of Lest							الهارويية بيك				
Testing Method (pitot, back pr.)	Tubing F	ressure (Sh	ut-in)		Casing Pro	ssure (Shut-in)		Choke Size	e	:			
resoug mentos (phot, ouck pr.)		<b>,</b>	•		_					•			
	(CA 7777 A	T CO: 1	DY Y A	NICE									
VI. OPERATOR CERTIF	CATEC	F COM	LLIA	MINCE		OIL CO	NSERV	/ATION	DIVISIO	NC			
I hereby certify that the rules and regulations of the Oil Conservation						J.							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					_	FEB 1 1 1991							
is true and complete to the best of fi	√   ✓	and belief.			Da	te Approvi	ed						
Q. (	1+	1	^						1 ,				
<u> </u>	Donnie Mualer						3	<u>1) C</u>	Trauns				
Signature	Drod.	uction	Tacl	nniciar	11	Jy							
Bonnie Atwater	Produ	TC L T OII	Title		11	1_	SUPE	HVISOR	DISTRICT	# 3			
Printed Name	0161	COE 00-	_	-	Tit	.e			<del> </del>				
<u>2-6-91</u>	915/	685 <u>-08</u> 3	lephone	e No.	-								
Date		1,			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.



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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO TRA	NSP	ORT OIL	AND NA	TURAL G	AS	. 6131			
Operator Sirgo Operating, Inc.							Well	API No.	101-100		
						30-045- /ろ/と					
Address 2521 Md	11 a 3 m	101100	7970	12							
P.O. Box 3531, Mid Reason(s) for Filing (Check proper box)	iland, 1	exas	13/	14	XX Oth	er (Please exp	lain)				
New Well		Change in	Transp	orter of:	<del></del>						
Recompletion	Oil		Dry G	_	C	hange we	ell numb	ers.			
Change in Operator	Casinghea	d Gas	Conde	nsate			# /				
f change of operator give name and address of previous operator		0	<u>d =</u>	# 3 <del>4</del>	22	22	# 34				
II. DESCRIPTION OF WELL	AND LE	ASE					1	odiar	)		
Lease Name	AND BE	Well No.	Pool 1	Name, Includi	ng Formation			of Lease		ase No.	
NW Cha Cha Unit	2	]2]	C1	ha Cha C	Gallup		State	Federal or Federal	<u>μ4-20-</u>	-603-219	
Location Unit Letter	_:_4	80	_ Feet F	From The	5 Lin	e and	80_ f	eet From The	E	Line	
Section 22 Townsh	ip 291	٧	Range	e 14W	, N	мрм,	San Ju	an		County	
III. DESIGNATION OF TRAI	SPORTE	R OF O	IL Al	ND NATU	RAL GAS	Pr	$-\infty d$				
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Giv				orm is to be se	nt)	
Giant Refining Co.	<u> </u>				P.O. Bo	x 256 Fa	armingto	n, NM 87	401	<del></del>	
Name of Authorized Transporter of Casir	ighead Gas		or Dr	y Gas 🗀	Address (Giv	ve address to w	vhich approve	d copy of this f	orm is to be se	nt)	
	111-14	1 500	Twp.	Pos	Is gas actuall	v connected?	Whe	n ?			
If well produces oil or liquids, give location of tanks.	Unit 	Sec. 	wp.	l vRe	Ban accordi			- ·			
If this production is commingled with that	from any oth	her lease or	pool, g	ive commingi	ing order num	ber:					
IV. COMPLETION DATA							<del></del>	<del></del>	la 2 -1-	Diet Barin	
Designate Type of Completion	- (X)	Oil Wel	!   	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					·		P.B.T.D.	P.B.T.D.		
77 PM PM PM PM	-ducing E	iomatic	\n_	Top Oil/Gas	Pay		Tubing Den	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Toomg Dop			
Perforations	_ 1							Depth Casin	ng Shoe		
		= :55:0		TNIC AND	CEMENT	NG PECO	PD				
10.5075	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENT	DEPTH SE			SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE				<u> </u>	·				
	om FOD	41100	ADII	<del>c</del>	J	······					
V. TEST DATA AND REQUE OIL WELL (Test must be after	STFOR	ALLUW	ADLI of load	c. d oil and must	be equal to o	r exceed top a	llowable for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		. 0, 100.		Producing N	ichod (Flow,	pump, gas lift,	elc.)			
							<del>R.F. (**</del>	ACT also Cina			
Length of Test	Tubing Pr	ressure			Cadigatical		AE	Choke Size	•		
I Dad Dades Test	Oil - Bbls	<del></del>			Wales Bbis	<u> </u>		Gas- MCF	·········		
Actual Prod. During Test	Oil • Buis	•					1991				
GAS WELL					اک	1 CO 2	ו מוע				
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Code	BALLEMINCE	<del>11 ⊌1 ▼ .</del>	Gravity of	Condensate		
					0	DIST.	Ż	Choke Size	majori miser francis stor	<u> </u>	
Testing Method (pitot, back pr.)	Tubing P	ressure (Shi	ut-in)		Casing Pres	sure (Shut-in)		CHOICE SIZE	•	•	
		D CC: 1	DI Y *	NCE						· ·	
VI. OPERATOR CERTIFIC	CATE O	r COM	PLIA	UNCE		OIL CO	NSER\	/ATION	DIVISIO	ON	
I hereby certify that the rules and reg Division have been complied with an	ulations of the	ormation gi	ven abo	ove				enera .	4004	•	
is true and complete to the best of m	knowledge	and belief.			Dat	e Approv	ed	JAN 1 4	1991		
ρ.	}-					1 1			Λ.		
Servic Atherter					∥ By_	By Bil Chang					
Signature Bonnie Atwater	Proc	duction		<u>chnicia</u> r			SUPER	RVISOR D	ISTRICT	#3	
Printed Name			Title		Title	9				<del></del>	
January 10, 1991	9	15/685: Te	-0878								

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