

Submit 5 Copies
to appropriate District Office
STRICTLY
P.O. Box 1980, Hobbs, NM 88240

STRICTLY
P.O. Box DD, Artesia, NM 88210

STRICTLY
30 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator	Well API No.
Sirgo Operating, Inc.	30-025-05843
Address	
P.O. Box 3531, Midland, Texas 79702	
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Effective 6-1-90
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	
Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481	

DESCRIPTION OF WELL AND LEASE			
Case Name	Well No.	Pool Name, including Formation	Kind of Lease
East Eumont Unit	103	Eumont-Yates-SR-Q	State, Federal or Fee
Location			Lease No.
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>3</u> Line and <u>660</u> Feet From The <u>W</u> Line			B-1667
Section <u>36</u>	Township <u>19S</u>	Range <u>37E</u>	Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Injection			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twsp.
			Rge.
Is gas actually connected?		When?	
This production is commingled with that from any other lease or pool, give commingling order number:			

II. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v
			Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth
Levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		P.B.T.D.
Perforations			Tubing Depth
			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. TEST DATA AND REQUEST FOR ALLOWABLE			
IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature	Production Tech.
Bonnie Atwater	
Printed Name	Title
June 6, 1990	915/685-0878
Date	Telephone No.

OIL CONSERVATION DIVISION	
JUN 21 1990	
Date Approved	
By	ORIGINAL SIGNED BY JERRY SEXTON
	DISTRICT I SUPERVISOR
Title	

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.

Complete form must be filed for each pool in multiply completed wells.