

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Submit 5 Copies  
to appropriate District Office  
**STRICT I**  
P.O. Box 1980, Hobbs, NM 88240  
**STRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**STRICT III**  
30 Rio Brazos Rd., Aztec, NM 87410

Operator Sirgo Operating, Inc. Well API No. 30-025-06072  
Address P.O. Box 3531, Midland, Texas 79702  
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  Change in Transporter of:  
Oil  Dry Gas  Effective 6-1-90  
Casinghead Gas  Condensate   
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**  
Well Name East Eumont Unit Well No. 131 Pool Name, including Formation Eumont-Yates-SR-Q Kind of Lease Fee Lease No. Joe  
Location Unit Letter G : 1984 Feet From The N Line and 1980 Feet From The E Line  
Section 12 Township 20S Range 37E , NMPM, Lea County

**I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Injection  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
Does well produce oil or liquids, and location of tanks. Unit Sec. Twp. 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 P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**III. TEST DATA AND REQUEST FOR ALLOWABLE**  
**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  
Casing Method (plug, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

**IV. 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.  
Bonnie Atwater  
Signature Bonnie Atwater Title Production Tech.  
Printed Name June 6, 1990 Telephone No. 915/685-0878  
Date

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.  
Form C-104 must be filed for each pool in multiply completed wells.