

STATE OF NEW MEXICO
 OIL AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-78
 Format 06-01-83
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TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Sirgo Operating, Inc.
 Address
P.O. Box 3531, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Change operator name from Sirgo-Collier, Inc. to Sirgo Operating, Inc. effective November 1, 1988.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate		
<input checked="" type="checkbox"/> Change in Ownership				

In case of change of ownership give name and address of previous owner Sirgo-Collier, Inc., P.O. Box 3531, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Well Name <u>West Dollarhide</u>	Well No. <u>116</u>	Pool Name, including Formation <u>Dollarhide Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-10272</u>
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Location
 Unit Letter A ; 100 Feet From The North Line and 50 Feet From The East
 Line of Section 6 Township 25S Range 38E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline (0055-1828)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum 66 Natl Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>820 Plaza Office Bldg., Bartlesville, OK 74004</u>
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 32 24S 38E Yes

If its production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Bonnie Attwater
 (Signature)
 Agent
 (Title)
 October 12, 1988
 (Date)

OIL CONSERVATION DIVISION

APPROVED JAN 25 1989, 19 _____

BY Paul Kautz
 Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

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