

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Sirgo-Collier, Inc. Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

Address P. O. Box 3531, Midland, Texas 79702

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain):
CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-1-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Dollarhide Queen Sand Unit</u>	Well No. <u>96</u>	Pool Name, Including Formation <u>Dollarhide Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC-069052</u>
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

III. 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 Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, NM 88241</u>
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>E</u> <u>32</u> <u>24S</u> <u>38E</u>

If this 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.

VI. 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.

Amy L. Whitley
(Signature)
Agent
(Title)
January 15, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 15 1988, 19
BY _____
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-23-87	Date Compl. Ready to Prod. 12-20-87		Total Depth 3982'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3124' GR 3135.5' KB		Name of Producing Formation Queen		Top Oil/Gas Pay 3637'		Tubing Depth 3590'			
Perforations 3639-3688' & 3728-3801'						Depth Casing Shoe 3982'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		412'		cmt 250 sx, circ 63 sx			
7-7/8"		5-1/2"		3982'		cmt 1000 sx, circ 150 sx			
		2-7/8"		3590'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 12-20-87	Date of Test 1-7-88	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 25#	Choke Size N/A	
Actual Prod. During Test 55 bbls	Oil-Bbls. 5.5	Water-Bbls. 49.5	Gas-MCF 8	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

Sirgo-Collier, I
WDQSU #31-96
Lea County, N.M.


STATE OF NEW MEXICO
DEVIATION REPORT


416 1/2
899 1 3/4
1391 2 1/2
1864 1 1/4
2145 1
2384 2 1/2
2640 2
2888 1 1/4
3386 3/4
3868 2 3/4
3974 3 1/2
3982 3 1/2

STATE OF TEXAS X

COUNTY OF MIDLAND X

The foregoing instrument was acknowledged before me this 3rd day of December, 19 87, by Ray Peterson on behalf of Peterson Drilling Company.


By: Ray Peterson


Alice Keal
Notary Public for Midland County,
Texas

My Commission expires: 8/2/88