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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III

Santa Fe, New Mexico 87504-2088

I.							TURAL GA					
Operator Texaco Exploration and Production Inc. Well A 30 0								PI Na. 025 12215				
Address			-						020 1221			
P. O. Box 730 Hobbs, Nev Reason(s) for Filing (Check proper box)	w Mexico	88240	0-25	528		X Othe	r (Please expl	zin)		······································		
New Well Recompletion	Change in Transporter of: EFFECTIVE 6-1-91											
Change in Operator	Oil Casinghead	Cas 🗌	. •	densate					_			
If change of operator give name and address of previous operator	co Produc	ing Inc	· ·	P. 0.	Во	x 730 I	Hobbs, Ne	w Mexico	88240-2	2528		
II. DESCRIPTION OF WELL	AND LEAS	SE										
Lease Name	Well No. Pool Name, Include				State			of Lease Federal or Fe	1720	esse No.		
WEST DOLLARHIDE DRINKARD UNIT 7 DOLLARHIDE TUBB DRINKARD FEDERAL 172010												
Unit LetterJ	:1650		. Foot	From The	<u>so</u>	UTH Line	and1980	Fe	et From The	EAST	Line	
Section 19 Township	, 24	s	Rang	Re 38E		, NR	ирм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTER	OF O	IL A	ND NA	TU							
Name of Authorized Transporter of Oil INJECTOR	_ °	r Conden	sale			Address (Giw	e address to wi	tich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casing INJEC			or D	ry Gas [Address (Giw	e address to wi	which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit S	Sec.	Twp		Rge.	is gas actually	connected?	When	2 7			
If this production is commingled with that i	rom any other	lease or	pool,	give com	mingl	ing order numb	per:					
IV. COMPLETION DATA	~	Oil Well		Gas We	:11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compl.	Ready to	Prod	<u> </u>		Total Depth		<u>l</u>	P.B.T.D.	<u> </u>	1	
Fig. 1	<u> </u>					Top Oil/Gas Pay					<u>.</u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Old Gas 7			Tubing Depth			
Perforations									Depth Casing Shoe			
TUBING, CASING AND					ND	CEMENTI		D				
HOLE SIZE	HOLE SIZE CASING & TUBING			3 SIZE			DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR AL	LOW	ABL	E					1			
OIL WELL (Test must be after re					musi					or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test					Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Press	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	L	 ,,,				L	····		1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	mic/MMCF		Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (COMP	LIA	NCE			\!!	10551	ATION:			
I hereby certify that the rules and regulations of the Oil Conservation						•	DIL CON	ISERVA				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Data	Approve	d	JUN	0 3 199	ii.	
2mmille	,						Thhinage		amod h			
Signature K. M. Miller		iv. Ope	ers	Engr	-	By_		Orig. Si	Kautz			
Printed Name May 2, 1991			Title		-	Title.		Geol	ogist			
May 2, 1991		915-6	ohone		-							

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.

lubmit 5 Copies
Appropriate District Office
2|STRICT |
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

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

DISTRICT III 000 | Rio Brazos Rd., Aziec, NM 87410

OISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO THA	AINOF	ON I OIL	- AND NA	HUNAL GA		A DI No				
Sirgo Operating, Inc. (Formerly: Sirgo-Collier, Inc.) Well API No.												
Sirgo Operating, Inc. (Formerly: Sirgo-Collier, Inc.) Address P.O. Box 3531, Midland, Texas 79702												
Reason(s) for Filing (Check proper box)	Idiand	, IEAA	5 /.	7702	Ou	ner (Please expl	zin)			*		
w Well Change in Transporter of: Change of Operator effective												
completion Oil Dry Gas U April 1, 1988												
Change in Operator												
Change of operator give name Hondo Oil & Gas Co., P.O. Box 2208, Roswell, New Mexico 88202-2208												
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.												
J.H. McClure "B"								State, Federal or Fee		ease No. 0189		
Location 1000 Foot												
Unit Letter J : 1650 Feet From The South Line and 1980 Feet From The East Line												
Section 19 Township 24S Range 38E , NMPM, Lea County										County		
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS	TEM	PORARIL	Y ABANDO	NED			
U. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TEMPORARILY ABANDONED Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										int)		
Name of Authorized Transporter of Casing	e of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to b								orm is to be se	int)		
if well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected? When ?							
this production is commingled with that f	rom any oth	er lease or	pool, gi	ve comming	ing order num	iber:						
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	· (X)	i	i_		İ	i	i					
Date Spudded	ate Spudded Date Compil. Ready to Prod.							P.B.T.D.	P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	KB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Dept	Tubing Depth			
reforations								Depth Casin	Depth Casing Shoe			
	7	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D					
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES	T FOR A	LLOW	ABLE				·····					
IL WELL (Test must be after re					be equal to or	exceed top allo	wable for th	is denth or he t	or full 24 hou	rs)		
Date First New Oil Run To Tank	Date of Tes		0) 1000	OH OTHE TRANS		ethod (Flow, pw			or just 24 nou	3./		
ength of Test	Tubing D-	cour			Casing Pressa	ı me		Choke Size				
engui or rea	Tubing Pressure				Casing Fressi	nie		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	,				I			<u> </u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sale/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I ODED ATOD CEDTRES	A 7777 A 777	COL	T T A P	ICE								
I. OPERATOR CERTIFICAL I hereby certify that the rules and provide				NCE	(DIL CON	SERV	1 MOITA	אואופור	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						J.E 0 0. 1	O L. ()			_		
is true and complete to the best of my knowledge and belief.					Date	Approved	d t	ו טט	0 1989	5		
Bonnie Otwater					ARIGINAL SIGNED BY JERRY SEXTON							
Signature Bonnie Atwater Production Tech.					By_		DI	STRICT I SL	<u>IPERVISÕR</u>			
Printed Name			Title		Title	<u> </u>				***		
10-6-89	91	<u> 15/685</u> -										
Date'		Tele	phone N	ło.	H							

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