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 Appropriate District Office
 STRICT I
 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

STRICT II
 O. Drawer DD, Artesia, NM 88210

STRICT III
 100 Rio Brazos Rd., Aztec, NM 87410

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

| | |
|--|---|
| Operator Sirgo Operating, Inc. | Well API No. 30-025-05825 |
| 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"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Effective 6-1-90 | |
| 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

| | | | | |
|--|-----------------------|--|--|-------------------------|
| Lease Name East Eumont Unit | Well No. 83 | Pool Name, Including Formation Eumont-Yates-SR-Q | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W Line Section 34 Township 19S Range 37E , NMPM, Lea County | | | | |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|--|
| Name of Authorized Transporter of Oil Injection | <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| 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, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? When? |

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

VI. 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. | | |
| Levations (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 |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

VII. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VIII. 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 Production Tech.
 Printed Name
 June 6, 1990
 Date

915/685-0878
 Telephone No.

OIL CONSERVATION DIVISION
JUN 20 1990

Date Approved _____

By Jerry Sextom
ORIGINAL SIGNED BY JERRY SEXTOM
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.