

Submit 5 Copies
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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator | Well API No. |
| Sirgo Operating, Inc. | 30-025-05832 |
| Address | |
| P.O. Box 3531, Midland, Texas 79702 | |
| <input type="checkbox"/> Other (Please explain) | |
| Reason(s) for Filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Effective 6-1-90 | |
| Change of operator give name | |
| Address of previous operator | |
| Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481 | |

| | | | |
|-------------------------------|----------|-----------------------|-----------|
| DESCRIPTION OF WELL AND LEASE | | Kind of Lease | Lease No. |
| Well Name | Well No. | State, Federal or Fee | E-5553 |
| East Eumont Unit | 93 | | |
| Location | | Line | |
| Unit Letter | 1980 | Feet From The | 2310 |
| Section | 35 | Township | 193 |
| Range | 37E | Lea | County |

| | | | |
|--|---------------|--|------|
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil | or Condensate | | |
| 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) | |
| Well produces oil or liquids, or 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 | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Designate Type of Completion - (X) | | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | | |
| Measurements (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 | | | |
| 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 |

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

| | |
|---------------------------|---------------------------------|
| 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.

4) For each pool in multiply completed wells.