

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Submit 5 Copies  
to appropriate District Office  
**STRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**STRICT II**  
Drawer DD, Artesia, NM 88210

**STRICT III**  
30 Rio Brazos Rd., Aztec, NM 87410

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

Operator <b>Sirgo Operating, Inc.</b>	Well API No. <b>30-025-05837</b>
Address <b>P.O. Box 3531, Midland, Texas 79702</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Oil Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 6-1-90
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
Change of operator give name and address of previous operator <b>Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481</b>	

DESCRIPTION OF WELL AND LEASE			
Well Name <b>East Eumont Unit</b>	Well No. <b>101</b>	Pool Name, including Formation <b>Eumont-Yates-SR-Q</b>	Kind of Lease (State, Federal or Fee) <b>B-5553</b>
Location Unit Letter <b>D</b> : <b>760</b> Feet From The <b>S</b> Line and <b>1980</b> Feet From The <b>E</b> Line			
Section <b>35</b> Township <b>19S</b> Range <b>37E</b> , NMPM, Lea County			

**I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

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

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

**II. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<b>(X)</b>								
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

**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
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. 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** 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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 18 1990

OCB  
HOBBS OFFICE