bmit 5 Copies
propriate District Office
STRICT 1
). 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 III 30 Rio Brazos Rd., Aziec, NM 87410

STRICT II). Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

W 100 B1525	HEUUES	TRANSPO	ORT OIL	AND NAT	URAL GA	S	57.17			
erator	10							050	24.0	
α Sirgo Operating, Inc.						1.50	-025	- UJR		
Sirgo Operating, a										
P.O. Box 3531, Mid	lland, Te	<u>xas 7970</u>)2	Othe	(Please expla	in)				
son(s) for Filing (Check proper box)		ange in Transp	orter of:		·					
v Well	Oil	Dry G		E:	ffective	6-1-90				
completion \(\sigma\)	Casinghead G	25 Conde	nsate 🔲							
ange in Operator X Lange of operator give name Mon	rexco, In	o P O	Box 48	1. Artes	ia, New	Mexico	88211-0	481		
montes or bientons observes			<u> </u>							
DESCRIPTION OF WELL	AND LEAS	E ,	l In abodi	na Formation	ormation Kind of Lease				Lease No.	
East Eumont Unit	W	eli Na. I Pool i	mont-Ya	me, Including Formation ont-Yates-SR-Q Kind of Lease State, Federal or				B -	2656	
		<u> </u>			4.0			4		
cation	. 106	Feel F	rom The	<u> </u>	and	80 Fo	et From The _		Line	
Unit Letter		<u></u>			con c	Lea			County	
Section Townsh	ie 20	Range	37E	, NI	ирм,	Lea				
DESIGNATION OF TRAI	JCDADTED	OF OIL AT	ND NATU	RAL GAS						
me of Authorized Transporter of Oil	42LOKIEK	Condensate		Address (Giv	e address to wh	iich approved	copy of this fo	XW R 10 06 26	ni)	
Injection	LJ					ich approved	conv of this fo	em is to be se	nı)	
ine of Authorized Transporter of Casis	ighead Gas	or Dr	y G28	Address (Civ	ddress (Give address to which approved copy of this form is to be sent)					
		oc. Twp.	Rec	ls gas actuall	y connected?	When	When?			
well produces oil or liquids, e location of tanks.		i	i							
his production is commingled with that	from any other	lease or pool, 8	ive comming	ling order num	жг					
. COMPLETION DATA				New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Oil Well	Gas Well	1 New Mell	l Horzote:	1		i		
Designate Type of Completion	Data Compl	Ready to Prod.		Total Depth	1	.t	P.B.T.D.			
ue Spudded	Date Compil	Date Compl. Ready to Prod.								
evations (DF, RKB, RT, GR, etc.)	Name of Prox	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
levations (Dr., KAB, AI, OA, Cley	one (Dr., RAB, At, OA, Stell)						Depth Casing Shoe			
nontions								-		
			IDIC AND	CEMENTI	NG RECOF	RD.	_!			
	TU	TUBING, CASING AND C			DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASI	NG & TOBING	SIZE							
				<u></u>						
. TEST DATA AND REQUI	EST FOR A	TOMARI	반 doil and mu	n he equal to o	r exceed top al	lowable for th	is depih or be	for full 24 ho	ws.)	
IL WELL (Test must be often	Date of Test	11 40110112 07 100	a 00 070 7700	Producing N	lethod (Flow, p	ownp, gas lift,	etc.)			
ate First New Oil Run To Tank	Date of Test						Choke Size Gas- MCF			
ength of Test	Tubing Pres	ante		Casing Pres	sure					
				Water - Bbl	<u> </u>					
ctual Prod. During Test	Oil - Bbls.	Oil - Bbis.								
JAS WELL	Length of T	est		Bbls. Coods	DENEMMER		Gravity of	Condensate		
uctual Prod. Test - MCF/D	Langui oi i	Length of Test						Choke Size		
sting Method (pilot, back pr.)	Marked (airs back pr.) Tubing Pressure (Shul-in)		Casing Pressure (Shut-in)			Chore 3th	Choice Size			
and wence than, each by										
T. OPERATOR CERTIF	ICATE OF	COMPLL	ANCE		OIL CO	NSER\	/ATION	DIVISI	ON	
معاسيتين وياني	automore of the	Dil Conservatio	111							
			90v¢		e Approv	od :	JIIN	2 1 19	190	
is true and complete to the best of r	ny knowledge an	\		Dai	е жрргоч					
Bi	1	aton		D		ODIGIN	AL SIGNED	BY JERRY	SEXTON	
Lonnie				∥ By.		ORIGINA	DISTRICT I	SUPERVISO)K	
Signature Bonnie Atwater	Pro	duction Tu	rech		0					
Printed Name June 6, 1990	91	5/685-08	78	. 1111						
Date		Telepho					and a specific of			

- 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
- 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.
 - Secrete Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.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 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•	TO TR.	ANSPOR	REOIL	AND NAT	URAL GA					
Operator Tnc						Well A	.PI No.	-		
Morexco, Inc.								· · · · · · · · · · · · · · · · · · ·		
Post Office Bo	x 481, Arte	esia, 1	New M	lexico	88211-0	481				
Reason(s) for Filing (Check proper box)				Othe	t (Please expla	in)				
New Well		in Transporter	of:							
Recompletion \square	Oil L	Dry Gas				.				
Change in Operator X I change of operator give name Te	Casinghead Gas			D O	Doy 729		ction	Moviac	00210	
and address of previous operator	xaco Produc	eing,	inc.,	P.O.	BOX /20	, HODD	s, New	Mexico	00240	
IL DESCRIPTION OF WELL		1								
Lease Name		g Formation	an o	ı	of Lease Federal or Fee	Lease No. St. B-2656				
East Eumont Un	it 117	/ El	umont	-Yates	-SR-Q	, o,		St.	B-2656	
Location Unit LetterI	. 660	Feet From	The	E Line	and	1980 Fe	et From The	s	Line	
_								T		
Section 2 Townsh	ip 20S	Range	3	7E , N	иРМ,			Lea	County	
III. DESIGNATION OF TRAN			NATUE			 	· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Oil Injection	or Cond.	ensate _		Address (Giv	e address to wh	ich approved	copy of this for	rm is to be se.	nt)	
Name of Authorized Transporter of Casin	nghead Gas	or Dry Ga	s	Address (Giv	e address to wh	ich approved	copy of this for	rm is to be se	nt)	
If 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 o	or pool, give o	commingli	ng order num	жг					
IV. COMPLETION DATA			·						-,	
Designate Type of Completion	Oil We - (X)	ell Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth	<u> </u>	L	P.B.T.D.		<u> </u>	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay	, , , , , , , , , , , , , , , , , , , ,	Tubing Depth			
Perforations							Depth Casing Shoe			
	TUBING	G, CASINO	3 AND	СЕМЕНП	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			S	SACKS CEMENT		
										
			-							
V. TEST DATA AND REQUE	ST FOR ALLOY	VARIE		<u> </u>						
	recovery of total volun		and must	he equal to or	exceed top all	owable for th	is depth or be f	or full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test	2 0, 1000 01		,	ethod (Flow, pi			,		
)				,					
Length of Test	Tubing Pressure			Casing Press	шпе		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)		Casing Press	ure (Shut-in)		Choke Size			
				\r						
VI. OPERATOR CERTIFIC	CATE OF COM	IPLIANC	CE			JOHOV	ATION	טואוטוע	7N I	
I hereb certify that the rules and reg	ulations of the Oil Con	servation		!	OIL COI	12FH A				
Division have been complied with an							MAR 1	3 198	9	
is true and complete to the best of m	A whomsends and peties	•		Date	e Approve	ed	., ., .			
Dibloon V	(a)(b)					DELCHAIAI	CIA+MP		o continue	
FLDICCA CLOOD						- TAKIDUR	SIGNED BY	JERRY SE	KTON	
Signature Rebecca Olson · Agent						213		EK VISOR		
Printed Name		Title		Title					**	
March 2, 1989	(505) 746	<u>~6520</u> Idephase No								
Date		ren j 17.536 140		Ш	÷					
114										

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