

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.  
30-025-05869

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
B-2330

7. Lease Name or Unit Agreement Name

East Eumont Unit

8. Well No.  
106

9. Pool name or Wildcat  
Eumont-Yates-SR-Q

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
Sirgo Operating, Inc.

3. Address of Operator  
PO Box 3531, Midland, TX 79702

4. Well Location  
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line  
Section 2 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3605 RT

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Temporarily Abandon</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6-25-92 MIRU PU. POH w/rods, pump & tbq. RIH on wireline 5-1/2" CIBP.  
Set CIBP @ 3690'. Fill casing to surface with treated fluids.  
Move all equipment off location and clean up.

*Shut-in Status - 7-13-92*      *etc 8-13-98*      *No PLT Chart*

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Victor J. Sirgo TITLE Vice-President DATE 7-9-92  
TYPE OR PRINT NAME Victor J. Sirgo TELEPHONE NO. 915/685-08

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 13 '92  
CONDITIONS OF APPROVAL, IF ANY:

*a/c*

RECEIVED

JUL 10 1992

CCD HOERS OFF

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**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

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

I. Operator Sirgo Operating, Inc. Well API No. 30-025-05869  
 Address P.O. Box 3531, Midland, Texas 79702  
 Reason(s) for Filing (Check proper box)  Other (Please explain)  
 New Well  Change in Transporter of:  Dry Gas  Effective 6-1-90  
 Recompletion  Oil  Casinghead Gas  Condensate   
 Change in Operator

If change of operator give name and address of previous operator Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>East Eumont Unit</u>	Well No. <u>106</u>	Pool Name, Including Formation <u>Eumont-Yates-SR-Q</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>B-2330</u>
Location Unit Letter <u>B</u> : <u>1660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>2</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>35</u> Twp. <u>19S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When?

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

**IV. 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.		
Elevations (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

**V. 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

**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**

Date Approved JUN 21 1990  
 By ORIGINAL SIGNED BY JERRY SEXTON  
 Title DISTRICT I SUPERVISOR

**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.