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 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. 30-025-20114 |
| Address P.O. Box 3531 Midland, Texas 79702 | | |
| Reason(s) for Filing (Check proper box) | | <input checked="" type="checkbox"/> Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Amend to show two transporters on gas |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|-----------------|---|--|-----------------------|
| Lease Name West Pearl Queen Unit | Well No. 157 | Pool Name, including Formation Pearl (Queen) | Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter I | : 2310 | Feet From The South | Line and 990 | Feet From The East |
| Section 31 | Township 19s | Range 35E | NMPM, Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|---|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline | Address (Give address to which approved copy of this form is to be sent) | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Phillips 66 Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Odessa, TX 79762 4001 Penbrook Odessa, Texas 79762 | | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 32 | Twp. 19s | Rge. 35e |
| Is gas actually connected? | | When? | | |
| yes | | March 1959 | | |

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.

Julie Godfrey
 Signature Julie Godfrey Production Clerk
 Printed Name
 August 7, 1989 Date (915)685-0878 Telephone No.

OIL CONSERVATION DIVISION

Date Approved
 ORIGINAL SIGNED BY JERRY SEXTON
 By 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.