Submit 5 Copies
Appropriate District Office
DISTRICT I
O. Box 1980, Hobbs, NM 88240

State of New Mexico

E. J., Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		10 10	WINO!	runic	バースいり バケ	HUDAL G	43				
Operator								I API No.		,	
Sirgo Operating			3	1-025-(9419							
Address D. O. D. 2521	W 11 1	m	_	70702							
P.O. Box 3531, Reason(s) for Filing (Check proper box		, Texa	s	79702		her (Please expl	-:-1				
New Well	,	Change i	n Trans	sporter of:	_			Change f	rom Teva	co Produ	
Recompletion	Oil		Dry	•		Sirgo Ope		_	TOM TEXA	ico i i odd	
hange in Operator 🔀	Casinghe	ad Gas		densate [,1160 ope	1402116	,			
change of operator give name ad address of previous operator			cing	, Inc.	P.O. Box	728, Ho	bbs, N	M 88240			
DESCRIPTION OF WEL				 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	 				
esse Name	L AND LE		Pool	Name, Inclu	ding Formation		Kin	d of Lease		ease No.	
									, Federal or Fee		
ocation	/ /				3)			_	<u> </u>		
Unit Letter	_:_66		_ Feet	From The	Lir	ne and <u>666</u>		Feet From The		Line	
Section 25 Towns	thip 23	<u>5</u> _	Rang	: 3	6E,N	мрм,	Lea			County	
I. DESIGNATION OF TRA	NSPORTE	R OF O	IL A	ND NAT	URAL GAS						
lame of Authorized Transporter of Oil		or Conde				ve address to wh	iich approve	d copy of this	form is to be s	eni)	
Injection and of Authorized Transporter of Cas	inghead Gas		or Dr	ry Gas	Address (Gir	ve address to wi	ich approve	d copy of this	form is to be s	eni)	
·							 ,				
well produces oil or liquids, re location of tanks.	Unit	Unit Sec. Twp. Rge. Is gas				Is gas actually connected? When			?		
this production is commingled with the	at from any oth	er lease or	pool, g	give commin	gling order num	ber:			·		
. COMPLETION DATA						·		_,			
Designate Type of Completion	n - (X)	Oil Well	.	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ue Spudded	Date Com	ol. Ready to	o Prod.		Total Depth	<u>[</u>	L	P.B.T.D.	<u> </u>		
					7- 040-0						
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
riorations								Depth Casir	ng Shoe		
	Ţ	UBING,	CAS	ING ANI	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
				· · · · · · · · · · · · · · · · · · ·		-					
TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	E				<u> </u>			
L WELL (Test must be after	recovery of to	tal volume	of load	oil and mus	t be equal to or	exceed top allo	wable for th	is depth or be j	for full 24 hou	rs.)	
e First New Oil Run To Tank	Date of Tes	1			Producing Me	thod (Flow, pw	np, gas lift,	eic.)			
					Casing Process			Choke Size			
igh of Test	Tubing Pres	Tubing Pressure			Casing Pressure			GHOAD SIZE			
ual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF				
<u> </u>											
AS WELL								<u> </u>			
tual Prod. Test - MCF/D	Length of 7	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Onoke Size	Choke Size			
ing menion (phot, back pr.)	, soing i id	(OIIM	 ,		1 10050	(G.020 5126			
OPERATOR CERTIFIC	CATE OF	COMP	LIA	NCE							
I hereby certify that the rules and regu						DIL CON	SERV	ATION I	DIVISIO	N	
Division have been complied with and	i that the infor	mation give		e							
is true and complete to the best of my	knowledge an	d belief.			Date	Approved	i				
RAMMIN	1	+00									
Signature (Luu	<u> </u>			By_						
Bonnie Atwater	Prod	uction		ch.							
Printed Name 4-8-91	0.5.5.4		Title		Title.	· · ·			<u></u>		
Dale	915/	685-08	378	No.							
					_ll						

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.