

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
FORMATION OFFICE			

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Sirgo-Collier, Inc.

Address
P. O. Box 3531, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinthead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Dollarhide Queen Sand Unit</u>	Well No. <u>107</u>	Pool Name, including Formation <u>Dollarhide Queen</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>LC-067968</u>
Location				
Unit Letter <u>B</u> : <u>230</u> Feet From The <u>North</u> Line and <u>2630</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>24S</u> Range <u>38E</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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Texas-New Mexico Pipeline Company</u>	<u>P. O. Box 2528, Hobbs, NM 88241</u>			
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips 66 Natural Gas Company</u>	<u>417 Home Savings & Loan Bldg, Bartlesville, OK</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>32</u>	Twp. <u>24S</u>	Rge. <u>38E</u>
	Is gas actually connected?		When	
	<u>Yes</u>		<u>74004</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Amy K. Whitley
(Signature)
Agent
(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 21 1988, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	DILL Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
2-6-88	3-2-88		4040'						
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3150' GR 3161.5' KB		Queen		3690'		3631'			
Perforations						Depth Casing Shoe			
3693 - 3576 3796'						3149'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		422'		250 sx, circ 70 sx			
7-7/8"		5-1/2"		4040'		1000 sx, circ 160 sx			
		2-7/8"		3631'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-2-88	3-11-88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	N/A	25#	N/A
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
245 bbls	120	125	15

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size