

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE		
FILE		
U.S.D.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

I.

Operator
Sirgo-Collier, Inc.

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

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

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Penrose "B" Unit	Well No. 67	Pool Name, including Formation Langlie Mattix SR-Q-GB	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>J</u> ; <u>2555</u> Feet From The <u>South</u> Line and <u>1350</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>23S</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"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 5	Twp. 23S	Rge. 37E
	Is gas actually connected? Yes		When 7-15-88	

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.

Bonnie Atwater
(Signature)
Agent
(Title)
August 16, 1988
(Date)

OIL CONSERVATION DIVISION
AUG 18 '88

APPROVED _____, 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Resrv.	Drill Resrv.
Date Spudded 5-24-88	Date Compl. Ready to Prod. 7-15-88		Total Depth 3870			P.B.T.D. 3813			
Elevations (DF, RKB, RT, GR, etc.) 3336' GR	Name of Producing Formation Langlie Mattix SR-Q-GB		Top Oil/Gas Pay 3599' Oil			Tubing Depth 3705			
Perforations 3599-3659', 3680-3721'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12 $\frac{1}{2}$	8-5/8			420			350 sx. Circ. 106 sx.		
7-7/8	5 $\frac{1}{2}$			3870			3700 sx. No sx. circ.		
	2-7/8			3705					

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 7-16-88	Date of Test 7-20-88	Producing Method (Flow, pump, gas lift, etc.) Pump		
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure 25#	Choke Size NA	
Actual Prod. During Test	Oil - Bbls. 55	Water - Bbls. 300	Gas - MCF 30	

GAS WELL

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

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AUG 17 1988

HOLES OFFICE