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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

	Т	O TRA	<u>NSPC</u>	RT OIL	AND NAT	UHAL G	AS TWe	II API	No.			
Operator								0-04	~ ~	18650	20	
Sirgo Operating, In	<u>c</u>	<u></u>						00-	45 C	<u> </u>		
Address		,	70703	)								
P.O. Box 3531, Mid1	and, Te	exas	79702		XX Other	(Please exp	lain)					
Reason(s) for Filing (Check proper box)	,	Change in	Transpor	ter of:		•					ļ	
New Well	Oil		Dry Gas	1 1	Ch	ange we	ell num	ber	S.			
Recompletion	Casinghead		Conden	_		- 0						
Change in Operation	AMINGHEAU	- C	1 1		12.2	<del>_</del>	× #	19				
f change of operator give name nd address of previous operator		(	210	<u> </u>	1000		<u> </u>		1.			
	ND LEA	SE					1	$-\alpha$	rian		se No.	
. DESCRIPTION OF WELL AND LEASE  ease Name  Well No. Pool Name, Including I						Formation Kind of State, Fe					603-217	
NW Cha Cha Unit	≤,	&_	Ch.	a Cha C	allup					μ4-20-	003 2140	
Location					<b>/</b> )	1	00			14/	• :	
Unit Letter	20	70	Feet Fr	om The	Line	and	00	_ Feet	From The _		Line	
Unit Letter	<del>( ) · · · · · · · · · · · · · · · · · · </del>			1/11		erra e	San .	Tuan	1		County	
Section 35 Township	29N	· 	Range	<u>14W</u>	, NM	IPM,	Jan	(				
			437		DAT CAS	$\mathcal{L}$	$^{\prime}$ CDC	V				
III. DESIGNATION OF TRANS	SPORTE	or Conden	IL AN	DNATU	Address (Give	address 10	which appro	oved co	opy of this fo	rm is to be set	u)	
Name of Authorized Transporter of Uti	X	or Conden	SALE		P.O. Bo							
Giant Refining Co.			or Dry	Gre $\Box$	Address (Giw	e address 10	which appr	oved co	opy of this fo	orm is to be se	u)	
Name of Authorized Transporter of Casing	head Gas		or Diy	U28	Nomen (o		••					
	T		Twp.	Rge	Is gas actually	y connected?	W	/hen ?				
If well produces oil or liquids,	Unit	Sec.	1 mp.	1 1,80		•	i_					
give location of tanks.	<u> </u>		2001 ai	ve commine	ing order numb	ber:						
If this production is commingled with that f	nom any ou	ier jease oi	poor, gr	70 001121mmg								
IV. COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i i		į	i	l			<u></u>		
	Date Com	pl. Ready t	o Prod.		Total Depth		_		P.B.T.D.			
Date Spaces												
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Elevanous (Dr., rotto, ret) on, and	1								Depth Casing Shoe			
Perforations								į	erpai casi.	-6 D		
					CTC) CTC) TTT	NC DECC	) PI)					
		TUBING	, CAS	ING AND	CEMENTI	DERTH S	ET .		· · · · · · · · · · · · · · · · · · ·	SACKS CEM	ENT	
HOLE SIZE	CA	SING & T	UBING	SIZE		DEPTH SET						
	_				<del> </del>		<del> </del>					
	<b>_</b>				<del> </del>							
THE PROJECT	CT FOD	ALLOW	ABL		<u> </u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after to	SI FOR	notal volum	e of load	- I oil and mu	i be equal to o	r exceed top	allowable j	for this	depth or be	for full 24 hos	as.)	
OIL WELL (Test must be after a  Date First New Oil Run To Tank	Date of T		/		Producing M	lethod (Flow	, pump, gas	s lift, e	ic.)			
Date First New Oil Run 10 Talik	Date of 1	-							des to Ci-			
Length of Test	Tubing P	Tubing Pressure						<u></u>	Noke Siz	3		
Length of Test						The California	<u> </u>	Ext.	Gas- MCF			
Actual Prod. During Test	Oil - Bbl	s.			Water Hol	<b>5.</b>		,	Cas- Mc			
Actual 1100 2 = 110						JAN1	4 1991		<u></u>			
					_		<u> </u>					
GAS WELL Actual Prod. Test - MCF/D	Length o	Test			Bbls. Cond	H Lu O	44" D	B This	Gravity of	Condensate		
Actual Prod. Test - MC17D						DE	1. 3		A 1 6'	<u>.                                    </u>		
Testing Method (pitot, back pr.)	Tubing F	ressure (S	nut-in)		Casing Pres	sure (Shut-it	1)		Choke Siz	£		
lesung Method (paos, total pro-												
TOP CEPTIE!	CATEC	E CON	TPI IA	NCE		011 0	ONCE	m\/	ATION	וסועופו	ON .	
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above						JAN 1 4 1901						
Division have been complied with and that the information grows is true and complete to the best of my knowledge and belief.						Date Approved						
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Simplify					Ву		91	IDE	AVISOR	DISTRIC	T #3	
Signature Bonnie Atwater	Pro	ductio		<u>chnici</u>			ای	UT L.	14100M	DIO I NIC	· FP	
Printed Name			Title		Titl	le						
January 10, 1991	9	15/685	5 <u>-087</u> Telephon	8 e No.	· ]]							
Date			. c.cpixt				· · · · · ·		التبارك الأستار			

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
- 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.