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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTR	ANSPO	ORT OIL	AND NA	TURAL GA					
Operator Table 1					Well API No. 30-045-2596800					
Sirgo Operating,	Inc.						0-043	23	16000	
P.O. Box 3531	Midland,	Texas	7970	2	915/685-	-0878_				
Reason(s) for Filing (Check proper box)	_			Oth	er (Please expla	ain)				
New Well	Change i	in Transpor							1000	
Recompletion	Casinghead Gas	Condens				EFFEC'	TIVE OCTO	OBER 1,	1990	
If change of operator give name	ain States	Petro]	leum Co	orp.	P.O. Box	x 1936	Farm	ington,	New Mexico	
and address of previous operator									88201	
II. DESCRIPTION OF WELL	Well No	Pool Na	me, Includi	ng Formation			i of Lease		ease No.	
NW Cha Cha Unit	Unit 8 32 Cha Cha C				Gallup State,			14-20	-603-2200F	
Location Unit Letter	:2200	_ Feet Fro	om The 🔬	orth Lin	e and <u>2</u> 2	200_1	Feet From The	East	Line	
Section 8 Township	29N	Range	14W	, N	MPM, Sa	an Juar	1		County	
THE PROPERTY AND ADDRESS OF THE ADDR	CDODTED OF	NE A NO	n niameti	DAT CAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil								eni)		
Giant Refining Co.	P.O. Box 256 Farmington, New Mexico 87401									
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas actuall	y connected?	Whe	en ?			
give location of tanks.	2118	129N	14W	No		L				
If this production is commingled with that f IV. COMPLETION DATA	rom any other lease o	r pool, giv	e comming!	ing order num	ber:		7			
IV. COMPLETION DATA	Oil We	11 0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	i	·	<u> </u>	i	<u>i </u>	1	Ì	<u>i</u>	
ate Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	B. RT. GR. etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations								Depth Casing Shoe		
	TIBING	. CASIN	NG AND	CEMENTI	NG RECOR	D D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
	-									
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE	.:	he equal to o	e avosad top all	ountie for t	his denth or he	for full 24 ho	urs)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test			Producing Met Delegation Producing Met Delegat			VE	rem		
Length of Test	Tubing Pressure			Casing Pressure NOV 5 - 199			Choke size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls		A 9 - 13	Gas- MCF		 .	
Actual Frod. During Test	Oli - Bois.				CIL	CON.	DIV.			
GAS WELL	1				-	DIST. 3				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	sate/MMCF	1	Gravity of	Gondensate	***	
Festing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
lesung meurod (puot, oack pr.)	tubing treesure (blue m)									
VI. OPERATOR CERTIFIC	ATE OF COM	PLIAN	ICE			JOED)	/ATION	DIVICI	⊃N.	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				NOV 5 1990 Date Approved						
O1. U1.	/			"	- Whine			<u></u>		
Julie Godfrey				∥ _{By_}	By Bull Chang					
Similar Julie Godfrey Production Technician					SUPERVISOR DISTRICT #3					
Printed Name Title				Title)					
Nov. 1, 1990	915/685. T	<u>-0878 </u>	ło.							

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.