

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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O. C. D.  
ARTESIA, OFFICE

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change of operator from Kersey & Co. to Sirgo-Collier, Inc. 3-1-87.
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Kersey & Co. P.O. Box 316, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Twin Lakes	Well No. 9	Pool Name, including Formation Artesia Grayburg - Cr	Kind of Lease State, Federal or Fee	Lease No. B-647
Location				
Unit Letter <u>N</u> : <u>3531</u> Feet From The <u>South</u> Line and <u>2500</u> Feet From The <u>West</u> Line				
Line of Section <u>28</u> Township <u>18 South</u> Range <u>28 East</u> . NMPM, <u>Eddy</u> 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave., Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-3</u> <u>5-29-87</u> <u>dy qv</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>28</u> Twp. <u>18S</u> Rge. <u>28E</u>	No.

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.

Timothy D. Collier, Agent

(Title)

4-7-87

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 22 1987, 19

BY Original Signed By

Les A. Clemente

TITLE Supervisor District II

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.