

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SI

I. Operator
Sirgo-Collier, Inc.

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

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Oil	☐ Dry Gas
☐ Recompletion	☐ Casinghead Gas	☐ Condensate	
☒ Change in Ownership			

Other (Please explain)
Change Operator from Point Petroleum to Sirgo-Collier, Inc. 5/1/87

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Keohane et al B Federal	Well No. 3	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease State, Federal or Fee Federal 71	Lease No. 029390-A
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Tx. 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) 5-22-87 ch 7
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>28</u> Twp. <u>18S</u> Rge. <u>31E</u>	Is gas actually connected? <u>When</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.

Timothy D. Collier
(Signature)
Timothy D. Collier - Agent
(Title)
5/4/87
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 18 1987, 19
Original Signed By
Les A. Clements
BY
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.

V. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. Resv.

Date Compl. Ready to Prod. Total Depth P.B.T.D.

Licensee (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

Oil Well

One First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate

Flowing Method (Plot, back pr.) Tubing Pressure (Shot-In) Casing Pressure (Shot-In) Choke Size