

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

Operator Sirgo-Collier, Inc. ✓	
Address P.O. Box 3531, Midland, TX. 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
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 Shugart B	Well No. 1	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease State, Federal or Fee Federal	Lease No. 029390
Location Unit Letter 0 : 330 Feet From The south Line and 2310 Feet From The East Line of Section 33 Township 18S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

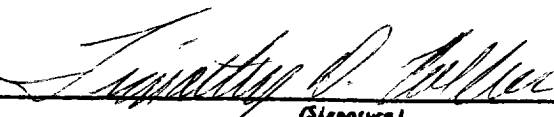
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) Houston, TX 77251-1188 Effective 7-1-88
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Enron Oil Trading & Transportation Co. P. O. Box 1188	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Tx. 79702
If well produces oil or liquids, give location of tanks. Unit C Sec. 33 Twp. 18S Rge. 31E	Is gas actually connected? When 5-22-87 chg rp

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
5/4/87
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 18 1987
BY Original Signed By Les A. Clements
TITLE Supervisor District 11

This form is to be filled 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.

IN COMPLETION DATA

Indicate Type of Completion - (X)

Oil Well Gas Well

New Well Workover

Deepen

Plug Back

Some Res. D.L. Res.

Date Completed

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Remarks

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

Test New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Test Prod. During Test

Oil-Bits.

Water-Bits.

Gas-MCF

Test Prod. Test-MCF/D

Length of Test

Bits. Condensate/MCF

Gravity of Condensate

Testing Method (Plot, back pr.)

Tubing Pressure (Start-1m)

Casing Pressure (Start-1m)

Choke Size

G-4 WELL