Submit 5 Copies
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 TRA	NSF	ORT OIL	AND NA	IURAL GA	No Well Al	PINO			
Operator									7596	00	
Sirgo Operating, In	ıc.						1 30-				
Address P.O. Box 3531, Mid	land. T	'exas	797	02					·		
Reason(s) for Filing (Check proper box)	Luna, -				XX Oth	er (Please expla	nin)				
New Well		Change in			C.		11 numbo	**			
Recompletion	Oil		Dry (C	hange we	II numbe	15.			
Change in Operator	Casinghea	d Gas	Cond	ensate	1 26		# 34				
f change of operator give name and address of previous operator			10	# 33	-30)))		1.			
II. DESCRIPTION OF WELL	AND LE	ASE					<u> </u>	dian	<u> </u>	ase No.	
Lease Name Well No. Pool Name, including Po								(Lease Federal or Fee		-603-21	
NW Cha Cha Unit		14	<u>C</u>	ha Cha G	arrup					A	
Location	10	60	77 4	From The	ر ا	e and 199	20_ F	et From The _	<u> </u>	Line	
Unit Letter	: <u> </u>	ω	. reel	Prom Inc							
Section 35 Township	29	N	Rang	<u>se 14W</u>	, N	мрм,	San Jua	in		County	
			** A	NITS NI A TOTAL	DAT CAS	Pro	d				
III. DESIGNATION OF TRAN		or Conder	IL A	ND NATUR	Address (Gi	ve address to w	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of On						P.O. Box 256 Farmington, NM 87401					
Giant Refining Co. Name of Authorized Transporter of Casing	head Gas		or D	ry Gas	Address (Gir	ve address to w	hich approved	copy of this fo	orm is to be se	nt)	
		Is gas actually connected? When?									
If well produces oil or liquids,	Unit	S∞c.	Twp.	. Rge.	is gas actual	ly connected?	When	•			
give location of tanks.	(or	her lease or		give commingli	ing order num	iber:					
If this production is commingled with that IV. COMPLETION DATA	rom any oc	Het lease of	poor,	give containing.							
		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	_i			Total Depth	<u> L</u>	<u> </u>	P.B.T.D.	<u></u>		
Date Spudded Date Compl. Ready to Prod.					F.D. L.D.						
Flevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Depth Casing Shoe			
Perforations								Depth Casin	ng Shoe		
				ania AND	CENCENT	NG PECOI	2D	1			
	TUBING, CASING AND					DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DET THEET						
	 										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	et oil and must	he equal to a	or exceed top al	lowable for thi	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must be after the Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Date First New Oil Run To Tank Date of Test											
Length of Test	Tubing Pressure				Casing Page	ship L. U.	E H A I	Choke Size)		
					Water - Ba	11		Gas-MCF			
Actual Prod. During Test	Oil - Bbls.				Water-Hanks JANI 4 1991			· ·			
					1	All C	O MC	M			
GAS WELL Actual Prod. Test - MCF/D Length of Test						ensate/MMCE	3 3 3		Condensate		
Actual Prod. Test - MCF/D	Lengui				Bbls. Condensate My DIST. 3						
sting Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		Choke Size	8			
					┦┌──						
VI. OPERATOR CERTIFIC	CATE C	F COM	PLL	ANCE		OIL CO	NSERV	ATION	DIVISIO	NC	
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 1991						
Division have been complied with and is true and complete to the best of my	nat the inknowledge	and belief.	TOU EL	V	Dat	te Approv		JAN 1 4	122		
18 the are complete to the own of the	1	_1				re whhion			1		
Bannie (Itwater					By_ By_ Chang						
Signature	-	1	_ m	abricis	11 *		SUPER	VISOR D	ISTRICT	#3	
Bonnie Atwater	Pro	<u>auctio</u>	n Te Tit	echniciar Je	¹ Titl	۵	· - · ·				
Printed Name	0	15/685				<u> </u>					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.