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

I.	TO TRAI	NSPORT OIL	AND NA	TURAL GA					Mara .
Operator						API No.	- 05]
Sirgo Operating	g, Inc.				130	0-04.	5-07	77200	4
Address P.O. Box 3531	Midland, T	exas 7970)2	915/685-	-0878				
Reason(s) for Filing (Check proper box		CAGO 777		er (Please expla					1
New Well	Change in 7	Transporter of:			ድድድድ <i>ር</i> ጥን	ርኒም ሰርፕር	OBER 1,	1990	
Recompletion	_	Dry Gas			EFFECT.	LVE OUIC	DER I,	1770	ļ
Change in Operator		Condensate			1006				ا_
and address of previous operator Mo	untain States Pe	troleum Co	orp.	P.O. Box	1936	Farn	ington,	New Mexi	<u>L</u> co 38201
II. DESCRIPTION OF WEL	L AND LEASE								- -
Lease Name	Well No.	Pool Name, Includi	_	Ctote 1				ease No.	210
NW Cha Cha Unit	26 14	Cha Cha (Gallup	· · · · · · · · · · · · · · · · · · ·		zajo	14-0	0-603-	∤ ///
Unit Letter	: 660	Feet From The $\underline{\underline{5}}$	puthlin	and <u>lole</u>	6 O F	et From The	West	Line	
Section 26 Town	nship 29N	Range 14W	, N	MPM, Sa	n Juan			County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oi	1 as Candana		RAL GAS	e address to wi	ich approved	copy of this	form is to be s	ent)	٦
Giant Refining Co.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, New Mexico 87401						
Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas		e address to wh					1
				. 10	1 375			 -	-
If well produces oil or liquids, give location of tanks.		Twp. Rge. 29N 14W	is gas actually	y connected?	When	7			
If this production is commingled with the				ber:					_
IV. COMPLETION DATA									-
Designate Type of Completic	•	Gas Well	New Well	Workover	Deepen	<u> </u>	Same Res'v	Diff Res'v	_
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			_
Perforations						Depth Casing Shoe			1
			CEMENTING RECORD		SACKS CEMENT			4	
HOLE SIZE	CASING & TUI	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u></u>		· · · · · · · · · · · · · · · · · · ·				1			_
]
	IDOM BOD AVIOUA	DV E	<u> </u>		·	<u> </u>			
V. TEST DATA AND REQU OIL WELL (Test must be aft	EST FOR ALLOWA er recovery of total volume of	BLE flood oil and must	he equal to or	exceed top all	awahle for thi	s denth or he	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test	1000 OH BING MASS		ethod (Flow, pu			,,,		7
									4
Length of Test	Tubing Pressure		Casing Press	ıre	A # 1	Charles Sign	<i>M</i> -		
A seed Dead Design Treet	O'I Phi		Water - Bbis.	m E		Gas- MCR	 		
Actual Prod. During Test	Oil - Bbls.			K		1			
CACMELI				N.	OV 5 -	1990			_
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sate/MMCF	· · ·	GAN NO	Condensate		٦
				Olfonia				· :	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Press	ure (Shut-in)	्र 🕽 🗀	a Shoke Size	,		
			-lr						╛
VI. OPERATOR CERTIF			11 (DIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above									
is true and complete to the best of			Date	Approve	d	NOV	5 1990		_
01:41	/						1		
Muxon	sey		∥ By_		3	رب	On.	<u>/</u>	_
Julie Godfrey	Production T				SUF	PERVISO	R DISTRI	OT # 6	
Printed Name		Title	Title				וואוכוטיי	UI #3	
Nov. 1, 1990	915/685-0	878							

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.