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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 TRANSPORT OIL AND NATURAL GAS

•		U IN	ANOF	<u>U</u>	II OIL	7110 11/11	3,7,7,4		Well AP	l No.	_		
Operator	• •								30-0)45- <u>(</u>)	7864	00	
Sirgo Operating, In	ic.												
P.O. Box 3531, Mid	land. T	exas	7970	02									
Reason(s) for Filing (Check proper box)	Idiid, 1	<u> </u>				XX Othe	(Please expla	in)					
New Well		Change i	n Transp	porte	of:								
Recompletion	Oil		Dry C	Gas		Ch	ange wel	L1 r	number	rs.			
Change in Operator	Casinghea	d Gas	Conde	ensat	۵ 🗀								
f change of operator give name			1	1	44	22-2	5 20	# -	32				
nd address of previous operator				{	1-1-					1:00			
I. DESCRIPTION OF WELL	AND LEA	ASE							LC	diar	<u> </u>	ase No.	
Lease Name NW Cha Cha Unit Well No. Pool Name, Including Cha Cha Ga						ng Formation	g Formation			Lease ederal or Fee	1 -		
						allup			State, I	tate, Federal or Fee 14-20-603-217			
Location					1	i .	10	ر ر	_		I		
	. 21	10	_ Feet	From	The	Line	and	$\supset \angle$	F∝	t From The _	<i>_</i> _	Line	
Unit Letter			·					C -	- T	_		County	
Section 35 Townshi	p 291	1	Rang	<u> </u>	14W	N	ирм,	Sa	n Jua	[]		County	
								1	1112	1			
III. DESIGNATION OF TRAN	SPORTE	ROF	OIL A	ND	NATU	RAL GAS	e address to w	<u> </u>		come of this fo	em is to be se	nt)	
Name of Authorized Transporter of Oil		or Cond	ensale			100000000000000000000000000000000000000						,	
						P.O. BOX 256 Farmington, NM-87401 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casin	ghead Gas		or D	ry Ga	IS	Address (GIV	e address to w	hich a	pproved	copy of this Jo	orm is to be se	nu)	
Traine of training to the state of the state	-								,				
If well produces oil or liquids,	Unit	Sec.	Twp.	. 1	Rge.	Is gas actually connected?			When ?				
give location of tanks.	i	İ	1	` i									
If this production is commingled with that	from any ou	her lease o	r pool,	give	commingl	ing order num	жг						
IV. COMPLETION DATA	•												
V. COM EBITOR DITTO		Oil W	:11	Ga	s Well	New Well	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	İ			İ				,	<u> </u>	_l	
Date Spudded	Date Com	pl. Ready	to Prod	l.		Total Depth				P.B.T.D.			
Date Spokked		•											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Top Oil/Gas Pay Tubi					oing Depth	
Elevations (DF, RAB, RI, OA, etc.)													
Perforations	ــــــــــــــــــــــــــــــــــــــ									Depth Casin	ng Shoe		
renorations													
		TIBING	G. CA	SIN	G AND	CEMENTI	NG RECO	<u> </u>					
NO. F 6175	C/	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
HOLE SIZE	 	tonto -								ļ			
	 									<u> </u>			
										<u> </u>			
V. TEST DATA AND REQUE	ST FOR	ALLO	VABL	Œ			_						
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of	total volu	ne of la	ad oi	l and mus	s be equal to o	r exceed top al	lowal	ble for thi	s depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of T					Producing M	lethod (Flow, p	ump,	gas lift, e	etc.)			
Date First New Oil Roll 10 12112	2									Ai			
Level of Tod	Tubing P	JURAST				Casing			VE	Opoke Size	;		
Length of Test	l doing .	•••					EGE	. 4	VE				
Actual Prod. During Test	Oil - Bbl	<u> </u>				Water	.			Cas- MCF			
Actual Prod. During Test	0 20	.				69 44	JAN1	4.19	101				
							- OANI						
GAS WELL		£ 17 - 11				I Bhis. Con is	HARCE	N	DIV	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Prod. Test - MCF/D Length of Test											grande ()	
	Tubing Pressure (Shut-in)					Casing Pres	sure (Shul-in)		3	Choke Siz	e		
Testing Method (pitot, back pr.)	lubing r	TESSUIE (S	mu-m)										
												:	
VI. OPERATOR CERTIFI	CATE C	F CON	MPLI	AN	CE		OIL CO	NS	FRV	ATION	DIVISI	ON	
I hamby contify that the rules and res	ulations of the	he Oil Co	Decivation (Oū				110	, L	,			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										IAN 1	4 1991		
is true and complete to the best of m	y knowledge	and belie	f.			Dat	e Approv	ed		UNIT 1	Z [441		
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Kenne	ATTIN	a^{\top}	M			n			3	ه دید	Thurs	<u> </u>	
COLUXUL						∥ By.					0		
Signature Bonnie Atwater	Pro	ducti	on Te	<u>ech</u>	<u>nicia</u>	n			SUPE	RVISOR	DISTRIC	T #3	
Printed Name				Цe		Title	e						
January 10, 1991	9	15/68	5-08	78_									
Date January 10, 1771			Telepho	one N	io.								

- 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. with Rule 111.
- 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.