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

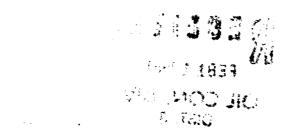
DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		T	O TRA	<u>NSP</u>	ORT OIL	AND NA I	URAL GA	S Well Al	PI No			
Operator Sirgo Operating, Inc.								30-	-045- 0	78650	20	
Address P.O. Box 3531	, Midla	nd, Te	exas	7970)2							
leason(s) for Filing (Check proper box) lew Well Change in Transporter of: completion Oil Dry Gas Change in Operator Casinghead Gas Condensate							Other (Please explain) Change of well numbers. OLD # 25 # 8					
f change of operator give name and address of previous operator	·											
TO DESCRIPTION OF WELL AND LEASE							INDIAN			Lease No.		
Lesse Name NW Cha Cha Unit		Well No. Pool Name, Includin				Si Olimanon			of Lease, Federal or Fee 14-20-603-2			
Location Unit Letter		2D	70	Feet 1	From The	Lin	and <u>68</u>	Fe	et From The _	W	Line	
Section 35	Township	29N		Rang	e 14W	, N	MPM, Sa	an Juan			County	
	F TRANSI	PORTE	R OF O	IL A	ND NATUI	RAL GAS		· · · · · · · · · · · · · · · · · · ·	-Cabin G	is to be see	-()	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil XX or Condensate							Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87401					
Giant Refining Name of Authorized Transport		ad Gas		or Di	y Gas	Address (Giv	e address to wh	hich approved	copy of this fo	rm is to be se	ਖ)	
				Rge.	Is gas actually connected? When			?				
If well produces oil or liquids, give location of tanks.	i	i		i	i			1				
If this production is commingle IV. COMPLETION D.	d with that fro ATA	m any oth	er lease or	рооі, і	give commungi	ing older nam						
			Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Co	nipieuon -	Date Compl. Ready to Prod.				Total Depth	I	<u></u>	P.B.T.D.			
yar species					Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					<u></u>	D			Depth Casing Shoe			
Perforations	· · · · · · · · · · · · · · · · · · ·											
TUBING, CASING AND						CEMENT	CEMENTING RECORD DEPTH SET SACKS CEMENT					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET						
V. TEST DATA AND	REQUEST	FOR A	ALLOW	ABL e of la	E ad oil and mus	t be equal to a	exceed top al	lowable for th	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test mu Date First New Oil Run To T	ank	Date of To				Producing N	Method (Flow, p	ownp, gas lift,	E m	- 1		
Length of Test Tubing Pressure				<u> </u>		Casing Pre	n) e c		Ender 5 2e	<u>-</u>		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	FEB	1 1 1991	Gas- MCF				
						1,	OILC	ON. D	DIA:		-	
GAS WELL Actual Prod. Test - MCF/D		Length of	Test			Bbls. Cond	ensate/MMCH	IST. 3	Gravity of	Condensate		
		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pilot, back p						<u></u>						
VI. OPERATOR CI	ERTIFIC	ATE O	F COM	IPLL	ANCE		OIL CO	NSERV	/ATION	DIVISION	NC	
I hereby certify that the ri Division have been complise true and complete to the	lied with and t	hat the ini	OLLUS DOLL S	n Acri w	bove	Dat	te Approv	ed	FEB 1 1	1991		
is true and complete to the	()-		+00						1) E	Draw!		
Signature Bonnie Atwater Production Technician						By	BySUPERVISOR DISTRICT #3					
Printed Name			585-08	Tit		Tit!	e		. 			
2-6-91 Date			7	elepho	ne No.				·····			

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.



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