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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## 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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND	AUTHORIZ	ATION				
I	TOTRA	NSPORT OIL	AND NA	UHAL GA	S   Well A	Pl No.			
Operator	r						5-03	5534	
Sirgo Operating, I	LnC.								
P.O. Box 3531, Mid	iland, Texas	79702	<del></del>	- (0)					
Reason(s) for Filing (Check proper box)		T	∐ Ծւհ	et (Please explai	n)			!	
New Well	·	Transporter of: Dry Gas		Effec	tive 6-	1-90			
Recompletion	Casinghead Gas								
If change of operator give name M.	orexco, Inc.,	P.O. Box 4	81, Arte	esia, New	Mexico	88211-	-0481		
and address of provious operation		,							
II. DESCRIPTION OF WELL . Lease Name	Well No.	Pool Name, Includi				Lease	10 1	ase No.	
East Eumont Unit	4	Eumont-Yat	es-SR-Q		State	Federal or Fee	13-1:	1.3/2	
Location Unit Letter	: 1980	Feet From The	# S Lin	e and19	80_ Fe	et From The	左(	<u>Line</u>	
Section 33 Township	185	Range 37E	, N	MPM, L	ea			County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS	e address to wh	ch approved	conv of this fe	em is to be se	nt)	
Name of Authorized Transporter of Oil	Name of Authorized Transporter of Oil TX								
Koch Oil Company				P.O. Box 1558, Breckenridge, TX 76024  Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Cor Phillips 66 Natural	cporation		P.O. Bo   4001 Pe	x 1589, enbrook, y connected?	ľulsa, <del>Odessa,</del>	OK /4102	)K 74102 T× 79762		
If well produces oil or liquids,	Unit   Sec.	Twp. Rge.	Is gas actuall	y connected?	When	1105	7		
give location of tanks.  If this production is commingled with that	from any other lease or	19S 37E	ing order num	ber:		7.7.			
[V. COMPLETION DATA	montally outer reasons	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V				·		
Designate Time of Completion	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compl. Ready to	o Prod.	Total Depth	J	<del></del>	P.B.T.D.	L	1	
•			Top Oil/Gas	Pav		Tubing Dead			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil Oas 1 s)			Tubing Depth			
Perforations							Depth Casing Shoe		
	TUBING	CASING AND	CEMENTI	NG RECOR	)				
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT				
				· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUES	ST FOR ALLOW recovery of total volume	ABLE	he equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	σs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	by toda ou und mass	Producing M	ethod (Flow, pu	rrp, gas lift, i	:1c.)			
Date I have to the termination of the termination o			-			Choke Size			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure					
Actual Prod. During Test	Oil - Bbls		Water - Bbis.			Gas- MCF			
	<u> </u>		<u> </u>			<u> </u>			
GAS WELL	Length of Test		Bbls. Conde	sate/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D									
Testing Method (pilot, back pr.)	Tubing Pressure (Shu	u-in)	Casing Press	ure (Shut-in)		Choke Size	-,		
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE			ISFR\/	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			OIL CONSERVATION DIVISION  JUN 19 1990						
Division have been complied with and is true and complete to the best of my	knowledge and belief.	ACIT SOUNC	Date	e Approve	d	JUN .	१ भ । १५ १	U .	
Bonnie (t	turation		By_	*07		SIGNED B	Y JERRY S	EVTAN	
Signature					DI	TRICT I SU	JPERVISOR	EAICIN	
Bonnie Atwater Printed Name		Title	Title	<b>)</b>		·			
June 6, 1990	915/685-			·					
Date	Те	lephone No.	11						

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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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				21 2000						
I.	REQUEST	FOR ALLOWAR								
10 THE WAS DEFINE WAS							API No.			
Morexco, Inc.					Well 2					
Post Office Bo	x 481, Arte	esia, New 1								
Reason(s) for Filing (Check proper box) New Well		ta mara a se	∐ Oth	er (Please expla	in)					
Recompletion	Oil [	in Transporter of:  Dry Gas								
Change in Operator	Casinghead Gas									
	xaco Produc		, P.O.	Box 728	, Hobb	s, New	Mexico	88240		
IL DESCRIPTION OF WELL										
Lease Name East Eumont Un	The last the				ing Formation Kind -Yates-SR-O State,			25c No.		
Location		1 Edilotte	-iaces-	SK-Q	10,		St.	B-153-1		
Unit Letter K	_:_1980	Feet From The 👤	* 5 Lin	e and	0Fe	et From The _	* W	Line		
Section 33 Towns	hip 18S	Range 3	37E , N	мрм,			Lea	County		
III. DESIGNATION OF TRA										
Name of Authorized Transporter of Oil Texas-New Mexi	or Cond	1 1		e address to wh						
Name of Authorized Transporter of Casi		or Dry Gas	Address (Civ	Box 2528	HOD!	os, New	Mexic	<u>0 88240</u>		
Warren Petrole				e address 10 wh Box 158!						
If well produces oil or liquids,	Unit Sec.		Is gas actuall	y connected?	When		anoma	74102		
give location of tanks.	M   3	119S   37E	Yes			957				
If this production is commingled with tha IV. COMPLETION DATA	it from any other lease o	or pool, give comming	ling order num	ber:						
Designate Type of Completion	n - (X)	II Gas Well	New Well	Workover	Deepen	Plug Back	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 Casin	g Shoe			
	TUBING	G, CASING AND	CEMENTI	NG RECOR	D	1				
HOLE SIZE		TUBING SIZE	DEPTH SET			SACKS CEMENT				
			551111561			ONORG GEMENT				
						ļ				
V. TEST DATA AND REQUE	EST FOR ALLOY	VARIE	1			<u> </u>				
•			t be equal to or	exceed top allo	wable for thi	s depih or be f	or full 24 hou	re )		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)								
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.			Gas- MCF				
GAS WELL		<del></del>	1			<u> </u>		···		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE	<u> </u>							
I hereby certify that the rules and reg				OIL COM	ISERV.	AHONI	UIVISIC	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date	e Approve	Н	MAR 1 3 1989				
Relycog Ce	587		Date					TOM		
Signature Rebecca Olson			By.		RIGINAL!	HONED BY	JEKKT 357 ERVISOR			

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

(505) 746-6520

Printed Name

1) Request for allowable for newly drilled or deepened well must be a companied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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Telephore No.

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RECEIVED

MAR 3 1989

OCD HOBBS OFFIGE