Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Linergy, 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

I.		O TRAI	<u>NSPC</u>	RT OIL	AND NATURAL GA		51.57		
Operator					; 		API No.	C- 21	80
Sirgo Operating, Inc.				,	:	<u> </u>	1-U2	<u>S- 31</u>	02
Address P.O. Box 3531 Mi	dland,	Texas	797	02					1.
Reason(s) for Filing (Check proper box)	<u>,</u>				Other (Please expla	in)			
New Well		Change in	Transpor	ter of:	Change in op	erator	from Pe	trus Oil	Co., L.F
Recompletion University Oil Dry Gas to Sirgo Operating, Inc. effective									
Change in Operator X	Casinghead	Gas	Condens	nate	November 1.				
If change of operator give name and address of previous operator Peti	rus Oil	Compan	ıy, L	.P.	12201 Merit Dr.	Sui	te 900	Dalla	s, Texas
•	ANID I TA	CE						75251	-2293
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.									ease No.
East Pearl Queen Unit	- I	<u> </u>		arl (0			Federal or Fe		
Location									
Unit Letter K: 1980 Feet From The South Line and 1980 Feet From The West Line									
Section 22 Township 19S Range 35E , NMPM, Lea County									County
III DESIGNATION OF TRANSPORTED OF OU AND NATURAL CASE PARTY OF THE STATE OF THE STA									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
Shell Pipeline Corp. Shell Pipeline Corp. P.O. Box 1910 Midland, Texas 79702									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Phillips 66 Natural Gas Co.						copy of this form is to be sent 1 a, Okiahoma 74102 sa, Texas 79762			
Phillips 66 Natural Gas Co.									
If well produces oil or liquids, give location of tanks.	Unit . F		Twp. 195	Rge. 35E	Is gas actually connected?	When	2/4	/59	
<u> </u>				*			2/4	1 3 7	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA									
Designate Type of Completion -	· (X)	Oil Well	G	as Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Data Spudded		Peady to I	Dom/		Total Depth		DDTD	l	
Date Spudded Date Compl. Ready to Prod.				l com Dopar	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth				
Perforations					L		Depth Casin	g Shoe	
TUBING, CASING AND									
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			ZE	DEPTH SET	SACKS CEMENT			
						 			
								- - · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUES					, , , , , , , , , , , , , , , , , , , ,				
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)									
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	Choke Size		
· ·					_	·			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Gas- MCF				
							<u> </u>		
GAS WELL			. 		ISU O I ANIAS		(A) : 3A		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensale/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, ,				
VI. OPERATOR CERTIFICATE OF COMPLIANCE						_	<u>. </u>		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CON	SERV	ATION	DIVISIO	N -
Division have been complied with and that the information given above							NOV 2	1 1989	
is true and complete to the best of my lo	Date Approved	l							
Out Indi					•				
Stepature State St					By ORIGI	NAL SIGN	irin av iri	RY SEXTO	
Julie Godfrey Production Tech.						DISTRICT	IEU BY JEI I SU PER V	KKT SEXTÖ	N
Printed Name November 14, 1989 (915) 685-0878									
Date 14, 1909	(31		none 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.