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Appropriate District Office
DISTRICT 1
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IO IHAN	<u> 1540</u>	JH I OIL	<u> AND NA</u>	TURAL G					
Operator Sirgo Operating, Inc.							Well API No. 30-025-03/86				
Address									<u> </u>	0100	
P.O. Box 3531 M Reason(s) for Filing (Check proper box)	idland,	Texas	797	702	Oth	er (Please expl	lain)		<u> </u>		
New Well		Change in T	(ranspo	rter of:	\	•	•	from Pet	rus Oil	L Co., L.I	
Recompletion X	Oil Code at a		Dry Gar		to	Sirgo Ope	erating,				
If change of complex give name	Casinghead	<u> </u>	Conden			ember 1.		. 000	5 11		
and address of previous operator Pet	rus Oil	Compan	<u>у, 1</u>	J. P.	12201	Merit Dr.	. Sui	te 900		as, Texas 1-2293	
II. DESCRIPTION OF WELL	AND LEA										
East Pearl Queen Unit Well No. Pool Name, Include Pearl (Control								Kind of Lease State, Federal of Fee		.ease No.	
Location Unit Letter	:20	<u>80</u> 1	Feet Fro	om The $ riangle$	lorth Lin	e and <u>6/8</u>) Fe	∞t From The _	Wes	+Line	
Section 22 Townshi	p 19S	F	Range	35E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRAN		R OF OIL		D NATU	RAL GAS	e address to w	Luce	conv of this fo	rm is to he s	ent)	
Shell Pipeline Corp.						Address (Give address to which approved copy of this form is to be sent) 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.					Address (Give address to which app BOX 1589 1 4001 Penbrook 0			ned copy of this form is to be sent) Isa, Oklahoma 74102 essa. Texas 79762			
If well produces oil or liquids, give location of tanks.		1	wp. 198	Rge.	Is gas actually connected? yes		When	When? 2/4/59		·	
If this production is commingled with that								2/4/			
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	G	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					<u> </u>			Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD			<u> </u>	 		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<u></u>										
V. TEST DATA AND REQUES	TFORA	LOWAR	RIF			<u></u>		l,			
OIL WELL (Test must be after re				il and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hou	rs.) .	
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 - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1				<u> </u>			<u> </u>			
					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPL	IAN	CE							
I hereby certify that the rules and regula Division have been complied with and t	tions of the C	il Conservat	ion			OIL CON	ISERVA	NOV 2			
is true and complete to the best of my k	nowledge and	belief.			Date	Approved	d	.101 8		<u> </u>	
Julie Dodfrey											
Signature Julie Godfrey Production Tech.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name November 14, 1989	(9)	_	ide -087	8	Title			-OLEK AISC	7K		
Date		Telepho									

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.