Submit 5 Copies
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 TO TRANSPORT OIL AND NATURAL GAS

Openior							Well	PI No.			
Operator Sirgo Operating, Inc.								Well API No. 30-025-03221			
Address			<del></del>					<u> </u>			
L	ldland,	Texas	797	02		(8)					
Reason(s) for Filing (Check proper box)  New Well Change in Transporter of:						Other (Please explain) Change in operator from Petrus Oil Co., L.P					
Recompletion	Oil		Dry Ga			nge in op Sirgo Ope					
Change in Operator	Casinghea	d Gas 🗌	Conden			ember 1.		Inc. e.			
If change of operator give name and address of previous operator Peti	rus Oil	Compa	ny, I	J.P.		Merit Dr.		te 900		s, Texas	
II. DESCRIPTION OF WELL	AND LEA								75251	-2293	
Lease Name East Pearl Queen Unit				ame, Includi earl (Q	ng Formation (ueen)			Kind of Lease State Federal or Fee		5838	
Location \( \lambda \)	/0/0	O		50	uth Lio	199	80 =		11/00+	-	
Unit Letter/_/	_ :(Q(Q	0	. Feet Fr	om The <u>2</u> 0	U.T.K. Lin	e andi	<u> </u>	et From The	VV 6-27	Line	
Section 2 / Township	p 19S		Range	35E	, N	МРМ,	Lea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O		D NATU		oddress to w	secto	conv of this f	orm is to he se	nt)	
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 (Gis	odbestow Sox 1589 Penbrook	hich approved	copy of this form is to be sent 2 a, Uklahoma 74102 sa. Texas 79762			
If well produces oil or liquids,	liquids, Unit		Twp.	Rge				When ?			
give location of tanks.	F	27	195	35E	·	es 		2/4	/59	<del></del>	
If this production is commingled with that if IV. COMPLETION DATA	rom any ou	er lease or	рооі, giv	e commingi	ing order num	oer:					
Designate Type of Completion	- (X)	Oil Well	(	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 Casir	ng Shoe		
	<del></del>	710010	C + CD	10. 417	CEL (E) III	NG DECOD					
HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
TIOLE OILE	CASING & POSING OIZE				DEF TIT GET						
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE		l	<del>!</del>		J			
OIL WELL (Test must be after re			of load o	oil and must					for full 24 how	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	L			· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del>	<u> </u>		<del></del>	
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
<u> </u>								Och Sin			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				ICE		DIL CON	ISERV	ATION	DIVISIO	)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MOV 0.4 dags						
1 all 1 1					Date	Approve	a	1101	61	199	
Julie Dodfrey						OPIG	INAL CIA-	18 m			
Signature (' ) Julie Godfrey Production Tech.					By _	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name November 14, 1989	/0	15) 68	Tide 35-08	7.8	Title				·30K		
Date 14, 1909	(9		phone N								

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.