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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO THA	MADE	ON I OIL	- WIND INW	I DUNKE GA		A DI NI-			
Operator Sirco Operating Inc.								API No. 2-02	5 - 03	3222	
Sirgo Operating, Inc.							10		<u> </u>		
L	dland,	Texas	79	702							
Reason(s) for Filing (Check proper box)		- :	_			er (Please expli					
New Well	0:1	Change in	Transp Dry G							Co., L.F	
Recompletion	Oil Casingher	ad Gas	Conde	_		Sirgo Ope		, inc. e	rrective		
If change of operator give name		Compa	nv.	T., P.		Merit Dr.		te 900	Dalla	s, Texas	
and address of previous operator			<u>, , </u>	2111	12201				75251		
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including the property of the prope						ng Formation Ki			L	ease No.	
Lease Name East Pearl Queen Unit Well No. Pool Name, Include Pearl (C								Kind of Lease State Federal or Fee		5839	
Location	10					100		,			
Unit Letter	.:_/4.	80	Feet F	rom The 🔼	orthin	e and	80 F	eet From The.	West	Line	
Section 27 Township 19S Range 35E					. N	мрм,	Lea	a	County		
Section / Township 193 Range 351 , North,								- 1 +·			
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS	Ju	xclo	~ - f	chure		
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. Rox 1910 Midland, Texas 79702					
Shell Pipeline Corp. Name of Authorized Transporter of Cashighead Gas X or Dry Gas Warren Petroleum									copy of this form is to be sent 12		
Phillips 66 Natural Gas Co.					4001 Penbrook Odes			sá. Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 27	TWp 198	Rge. 35E	is gas actually connected?		When	When ? 2/4/5		9	
If this production is commingled with that f	ļ	<u> </u>							, , , , , , , , , , , , , , , , , , , ,		
IV. COMPLETION DATA											
Designate Type of Completion	· (X)	Oil Well	!	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.	-,	Total Depth	l	l	P.B.T.D.	L		
Date Spaces											
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					1			Depth Casir	Depth Casing Shoe		
7 Elloradous									-6		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			A D L E	-	<u> </u>			<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		5) 1000			ethod (Flow, pu			,		
								Chales Cias	Choke Size		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	uring Test Oil - Bbls.				Water - Bbis			Gas- MCF	Gas- MCF		
GAS WELL					-						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	Tuking Descripe (Shuria)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (puot, back pr.)	ng Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Stim-in)			Cloke Size		
VI OPERATOR CERTIFIC	ATE OF	COMP	TIAN	VCF	<u> </u>						
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation						OIL CON	ISERV	AHON	DIVISIC	N	
Division have been complied with and t is true and complete to the best of my k	hat the info	rmation give		e				HUT &	T 1000		
	mowkedge a	and better.			Date	Approve	d		············		
Chile Godfrey					ORIGINA:						
Signature Julie Godfrey Production Tech.					By DISTRICT I SUPERVISOR						
Printed Name Title					Title		- 'KICT	SUPERVICE	SEXTON		
November 14, 1989	(9	915) 68	35-08 phone 1			***			→ R		
Date		1 515	Parvic I	70.	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.