Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.					TURALGA					
Operator					11 OT IAL OF	Well API No.				
Sirgo Operating, Inc.							30-025-03249			
Address P.O. Box 3531	Mf.	dland,	Tayas 7	9702						
Reason(s) for Filing (Check proper box)		diand,	TCAGS /		net (Please expla	ain)			<del></del>	
New Well	(		ransporter of:	_		•	ananartara	on a	200	
Recompletion	Oil		ry Gas	Miletto	I CO SHOW	LWO LI	ansporters	on 8	,43	
Change in Operator  If change of operator give name	Casinghead	Gas X C	condensate			<del> </del>	·····		<del></del>	
and address of previous operator									<del></del> .	
II. DESCRIPTION OF WELL										
Lease Name  Well No. Pool Name, Inclu				1000			of Lease Lease 1 Federal or Fee		æsse No.	
West Pearl Queen Uni	1 /	001	Pearl (0	ueen)	1.4				<del></del>	
Unit Letter O	: 660	7F	eet From The	eath Lio	e and	7.0 F	et From The	ast	Line	
5 29	19,		ange 35			ea				
Section / Townshi	p //>	к	ange >S	DE ,N	MPM, L	<u>ca</u>			County	
III. DESIGNATION OF TRAN		OF OIL								
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casin	Address (Giv	Address (Give address to which approved copy of this farm is to be sent)								
Phillips 66 Natural Gas Co.				4001 Penbrook Odessa, Tex				as 79762		
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   B   32   19s   35e			•						
If this production is commingled with that				l yes	ber:	1 1	arch 1959	<del></del>	<del></del> -	
IV. COMPLETION DATA	<u>.</u>	·					····-			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
Date Spudded			J	Total Depth			P.B.T.D.			
							P.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	Pay		Tubing Depth			
Perforations							Depth Casing Shoe			
							Deput Casing Sno	æ		
	CEMENTING RECORD									
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			ļ	DEPTH SET		SACKS CEMENT			
				-						
V. TEST DATA AND REQUES	TEODAL	OWAR								
				be equal to or	exceed ton allow	uahla Canakia	donate on the Control		•	
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	th of Test									
Length of Year	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
			·····							
GAS WELL										
tual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) - Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
	· · · · · · · · · · · · · · · · · · ·						CHOKE SIZE			
VI. OPERATOR CERTIFICA	TE OF C	OMPLL	ANCE			<del></del>				
I hereby certify that the rules and regular	ions of the Oil	Conservatio	o.		IL CONS	SERVA	TION DIV	ISIO	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 Approved AUD - 3 1303						
01: 411				Dato Approved						
Signature Hodfrey				ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR						
Julie Godfrey	Froduc	tion C	lerk	Uy				<del></del>		
Printed Name August 7, 1989	(015)4	Tiu 85-087		Title_						
Date 7 1909	(313)0	7 Telephon								

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.

SECTIVED

AUG 8 1989 OCD HOBES OFFICE :