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Appropriate District Office
DISTRICT J
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

I.	·	TO TRA	NSPORT C	IL AND NATURAL		· · · · · · · · · · · · · · · · · · ·				
Operator Sirgo Operatin		We	Well API No. 30-025-03250							
Address P.O. Box 3531	M:	idland,	Texas	79702					_	
Reason(s) for Filing (Check proper box)		<u>.</u>		X Other (Please	explain)				_	
New Well Change in Transporter of:  Recompletion Oil Dry Gas Amend to show two transporters on gas										
Change in Operator	Casinghead		Condennate	]						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name	Well No.   Pool Name, Includ			160		d of Lease Le Federal or Fe			_	
West Pearl Queen Uni	.t	Pearl (		<u> </u>	LE LOCAL OF TE	,	<del></del>	_		
Unit Letter	:66	0	Feet From The	Southline and 6	60	Feet From The	West	<u>Line</u>		
Section 29 Townsh	ip 195		Range 35	SE , NMPM,	Lea	,		County		
III. DESIGNATION OF TRAI	NSPORTE	R OF OII	AND NAT	URAL GAS	•					
Name of Authorized Transporter of Oil Shell Pepeline	×	or Condens		Address (Give address to	o which approv	ed copy of this fo	orm is to be s	ent)	_	
Name of Authorized Transporter of Casinghead Gas  or Dry Gas Phillips 66 Natural Gas Co.				Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, Texas 79762						
well produces oil or liquids, Unit Sec. Twp. Rge				Is gas actually connected? When ?					·	
If this production is commingled with that	from any other	32	19s 35e			March 195	59		_	
IV. COMPLETION DATA										
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well   Workove	r Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.				Total Depth		P.B.T.D.			٦	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay		Tubing Dept	h		$\frac{1}{2}$	
Perforations					Depth Casing Shoe					
		IRING C	'ASING ANI	CEMENTING RECO	רופר				4	
HOLE SIZE					DEPTH SET			SACKS CEMENT		
				<del></del>			<u> </u>	<del></del>	$\frac{1}{2}$	
V. TEST DATA AND REQUES	T FOR AL	LOWAL	N F						1	
OIL WELL (Test must be after re				st be equal to or exceed top t	allowable for ti	is depth or be fo	r full 24 hour	ze 1		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure			Casing Pressure	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbla	Gas MCF	Gas- MCF				
GAS WELL Actual Prod. Test - MCF/D	Length of Te								,	
	Bbls. Condensate/MMCF	Gravity of Co	Gravity of Condensate							
sting Method (pitol, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke Size	Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (	COMPL	IANCE	011 00			<del></del>		J	
l hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedAU6 : 5 1555						
Online Andlan					Date Approved					
Signature  Julie Godfrey  Froduction Clerk				ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR						
Printed Name Title				Title			- <b>-</b> 11			
August 7, 1989	(915)	685-08 Telepho			<del></del>				-	

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.