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

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

REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION
TO TRANSPORT OIL AND NATURAL GAS	•

Operator								Well	API No.			
Sirgo Operating,	Inc.							3	3D-07	25-03	3250	
Address							<del></del>	<del>^</del>				
P.O. Box 3531	Midlan	d, Tex	<b>k</b> as	79702								
Reason(s) for Filing (Check proper box)				_		ner (Please exp					_	
New Well	Change in Transporter of:					_	-		-	g Energy		
Recompletion $\Box$	Oil U Dry Gas				to Sirgo Operating effective J						, 1, 1989	
Change in Operator	Casinghead	d Cas	Con	densate	······				<del> </del>			
If change of operator give name and address of previous operator  Arm	strong	Energy	y Co	orp. P	.0. Box	1973	Rost	well.	New Me	xico 88	3201	
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name		Well No.	Pool	Name, Includ	ing Formation		of Lease		ease No.			
West Pearl Queen Unit   130   Pearl (Qu					een) 💮				Federal or Fe	e		
Location	<i>_</i>	1 -		_	./	1	/ _			1		
Unit Letter	_: <i>le</i>	60	Feet	From The	WYK Lio	e and <u>LO</u>	00	F	et From The	West	Line	
Section 29 Townshi	. 10	· <	n	<b>35</b>	E		10	_			_	
Section 27 Townshi	p /-1		Ranj	ge 33	C,N	<u>MPM,</u> ✓	<u>Lea</u>	<u> </u>	···	<del></del>	County	
Ш. DESIGNATION OF TRAN	SPORTE	ROFO	ΙΤ. Δ	ND NATH	DAL GAS	$P_{rn}$	d'i	106	سر ۱			
Name of Authorized Transporter of Oil		or Conden		TALL CITY	Address (Give address to which approved copy of this form is to be sent)							
Shell Pipeline Corpora	X tion					Box 1910			land, Texas 79702			
Name of Authorized Transporter of Casing		Ø	or D	ry Gas								
Warren Pet Co	,			,	Address (Give address to which approved						74102	
If well produces oil or liquids,	Unit	Sec.	Twp	. Rge.	is gas actuall	y connected?		When		00 07	77700-	
give location of tanks.	iBi	<sup>S&amp;</sup> 2	10		1	es						
If this production is commingled with that i	rom any othe	r lease or	pool,	give comming					T"		· <del>·</del>	
IV. COMPLETION DATA												
Designate Time of Completion	(V)	Oil Well	ı	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· · ·	<u> </u>					1		_	İ	i	
Date Spudded	Date Compl	. Ready to	Prod.	•	Total Depth				P.B.T.D.			
	ļ. <del></del>	· · · · · · · · · · · · · · · · · · ·										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay			Tubing Depth				
Perforations												
									Depth Casin	g Shoe		
	777	IDING	CAS	INC AND	CE) (E) PE	10 2200			<u> </u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					· · · · · · · · · · · · · · · · · · ·							
HOLE SIZE	CASI	ING & TO	BING	SIZE	DEPTH SET				SACKS CEMENT			
<del></del>												
		<del></del>									<del></del>	
	:				<del></del>						·	
V. TEST DATA AND REQUES	T FOR AL	LLOWA	BLE	<u> </u>	<del></del>							
OIL WELL (Test must be after re	covery of tota	il volume o	f load	d oil and must	be equal to or	exceed top allo	owable	for this	depth or be f	or full 24 hours	e 1	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	тр, да	s lift, et	c.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>"</del>	
Length of Test Tubing Pressure					Casing Pressure				Choke Size			
				·								
Actual Prod. During Test Oil - Bbls.				Water - Bbis.				Gas- MCF				
						·						
GAS WELL												
Actual 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				
		<del></del>	_								i	
VI. OPERATOR CERTIFICA	TE OF (	COMPL	.IAI	NCE			. ~ ~				<del></del> J	
I hereby certify that the rules and regulations of the Oil Conservation						IL CON	ISE	RVA	TION [	DIVISIO	Ŋ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				JUL 2 6 1989								
2 0/ / /					Date Approved							
Calle Had Inc.						112.22.00						
Stephene 1: 0					Ву		<b>0</b> =4	M12144	0101			
Julie Godfres Prod Tool					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name 1 2 m 12 9 2 Title					T:11-			ווט	STRICT I S	JPERVISOR		
July 20 198	<u> 7 - 91.</u>	5-68	5-	0878	Title_			<del></del>		<del></del>		
year o		Telepl	hone l	No.								

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.