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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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator To This work of the Control								Well	Well API No.			
Sirgo Operating, Inc.									30-025-03266			
Address						 		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
P.O. Box 3531	M:	Idland	, Te	xas	79	702			······································			
Reason(s) for Filing (Check proper box)	X Other (Please explain)											
New Well Change in Transporter of: Recompletion Oil Dry Gas							Amend to show two transporters on gas					
Recompletion									F	,. •		
Change in Operator If change of operator give name	Casinghead	1 U28 [X	Cond	ensate	Ц						 	
and address of previous operator												
II. DESCRIPTION OF WELL												
West Pearl Queen Unit West Pearl Queen Unit Well No. Pool Name, Included 154 Pearl Queen Unit						٠_ ـ			Kind of Lease State Federal or Fee		ease No.	
Location		1 - 1										
Unit Letter	. <u>198</u>	0	_ Feet F	From Th	10 🗸	orthio	e and <u>222</u>	7.3 _F	et From The	West	Line	
Section 3/ Townshi	190		D	3	5	<u>ب</u>	· /	ea			_	
Section Of Townshi	P././>		Range	<u> </u>	<u> </u>	= , NI	мрм, а	<u>ca-</u>		··	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA												
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Shell Pipeline												
Name of Authorized Transformer of Casinghead Gas \(\times \) or Dry Gas \(\times \) Phillips 66 Natural Gas Co.						4001 Pe	sx 1589 w enbrook	ruch approxed Palsa Odess	copy of this f	copy of this form in to be sent) Texas 79762		
If well produces oil or liquids, Unit Sec. Twp.				•	Rge.				en?			
eve location of tanks.		32 19s 35e							March 1959			
If this production is commingled with that : IV. COMPLETION DATA	from any other	r lease or	pool, gi	ive com	mingli	ing order numb	жг:				·	
		Oil Well		Gas We	eli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	<u>i</u>	_i_						1108 2200			
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									David Garian Bi			
						Depth Casing Shoe						
	T	JBING,	CASI	NG A	ND (CEMENTIN	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
						· ·						
												
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						<u> </u>	···		
OIL WELL (Test must be after re	covery of total	il volume (of load	oil and	must b	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	x.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, purp, gas lift, etc.)						
Length of Test Tubing Pressure												
Longs, or 10st	Tubing Pressure				ľ	Casing Pressur	re		Choke Size	Choke Size		
ctual Prod. During Test Oil - Bbls.						Water - Bbis.		· · · · · · · · · · · · · · · · · · ·	Gas- MCF			
						· · · · · · · · · · · · · · · · · · ·						
GAS WELL												
uctual Prod. Test - MCF/D Length of Test						Bbls. Condens	ate/MMCF		Gravity of C	Gravity of Condensate		
esting Method (pital, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size			
									,			
VI. OPERATOR CERTIFICATE OF COMPLIANCE							· · · · · · · · · · · · · · · · · · ·			··		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
or and complete to the best of my knowledge and belief.						Date Approved9 1989						
Julie And Land												
Signature Production Clork					-	ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR						
Julie Godfrey Production Clerk Printed Name Title						Title						
August 7, 1989 (915)685-0878												
Date		Telen	hone N	o	- []							

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.

RECEIVED

AUG 8 1989

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