Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	OTRANS	SPORT OIL	AND NA	TURAL GA	<u>\S</u>	61 XI			
Operator Sirgo Operating, Inc.					Well API No. 30-025-03.					
Address P.O. Box 3531	Mi	dland '	Texas 79	702						
P.O. Box 3531 Midland, Texas 79702 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Amend to show two transporters on gas Change in Operator Casinghead Gas Condensate										
If change of operator give name and address of previous operator										
U. DESCRIPTION OF WELL AND LEASE Lease Name West Pearl Queen Unit Vest Pearl Queen Unit					een)			of Lease No. Federal or Fee		
Unit Letter	: 198	<i>D</i> Fe	et From The ≤	outh Lio	e and <u>198</u>	<u>·O</u> Fe	et From The.	West	Line	
Section 32 Township	195	Ra	nge 35	E, N	мрм, С	ea			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Shell Lypeline	SPORTEI	or Condensate	AND NATU	RAL GAS Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ni)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips 66 Natural Gas Co.				Address (Give address to which approved 4001 Penbrook Odess:			copy of this form in to be sent) a, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 32 19s 35e			is gas actually connected? When yes M			1 arch 1959			
If this production is commingled with that f	rom any othe	r lease or poo	l, give commingi	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Ready to Pro	<u>.</u>	Total Depth	<u> </u>	L	P.B.T.D.	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casin	Depth Casing Shoe		
TUBING, CASING AND										
HOLE SIZE CASING & TUBING S			NG SIZE	DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be j	for full 24 hour	·s.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Press	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	L <u></u>			L			 			
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensale/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	sure (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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Julie Hodfuly				OIL CONSERVATION DIVISION AUG 9 1989 ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR						
Signature Julie Godfrey Printed Name Title				Title						
August 7, 1989	(915)) 685-087 Telepho					···			

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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

OCD HOBBS OFFICE