Submit 5 Copies
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

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

Operator							Well	API No.		_	
	Tna							30-02	ベーロ	3278	
Sirgo Operating,	inc.							0 0 1			
Address	11	1 m	7070								
P.O. Box 3531	Midlan	d, Tex	as 7970)		er (Please expl					
Reason(s) for Filing (Check proper box)								from Arm	netrono	Energy	
New Well	Change in Transporter of:										
Recompletion	Oil	ᆜ	Dry Gas	ᆜ	to	Sirgo U	perating	g effectiv	re July	1, 1909	
Change in Operator	Casinghea	d Gas 🔲	Condensate								
If change of operator give name and address of previous operator Arm	strong	Energy	Corp.	Р.	O. Box	1973	Roswell	, New Mexi	Lco 88	201	
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	1	Well No.	Pool Name, In	cludir	ng Formation		Kind	of Lease	L	ase No.	
West Pearl Queen Unit		151	Pearl (-		State	Federal or Fee			
Location (deet) Unit (deet)											
Unit Letter	: 198	30	Feet From Th	. <u>M</u>	orthus	e and	60_F	et From The <u>L</u>	Jest	Line	
Section 32 Townshi	. 195		Range 35	5 6	E,N	мрм, Д	cas			Соилту	
		 					1	1			
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NA	TUI	RAL GAS	TF	4 - 100	ducer			
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Corporation					P.O. Box 1910 Midland, Texas 79702						
			as Day Gas E	=-,-				•			
Name of Authorized Fransporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Warren Pet. Co.					P.O. Box 1589 Tulsa OK 74102						
If well produces oil or liquids,		Unit Sec. Twp. Rge.			is gas actuali	y connected?	When	?			
give location of tanks.	131	<u>32</u> J	19 3	5		yes	l				
If this production is commingled with that i	from any other	er lease or p	pool, give com	ningli	ng order num	ber#		·			
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas We	11	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.	∤	Total Depth	4	1	P.B.T.D.		1	
•				- 1	•			1.2.1.2.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing S	hoe		
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					J 2. 11. J 2.						
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V TEST DATA AND DECLIES	TEODA	LLOWA	DIE					I			
V. TEST DATA AND REQUES					_						
OIL WELL (Test must be after re			f load oil and i						full 24 hours	f.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	(c.)			
										j	
Length of Test	Tubing Pressure			1	Casing Pressu	re		Choke Size			
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbla			Gas- MCF			
ŭ											
				L				L			
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ale/MMCF		Gravity of Cond	ensate		
								•			
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut-i	(a		Casing Pressu	re (Shut-in)		Choke Size			
		,	•			(0.000	•	1	
UL OPERATION CONTRACTOR				 ₁				L			
VI. OPERATOR CERTIFICA				- 11	_	W OOM	0001	TIONED			
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					1111 0 0 1000						
is true and complete to the best of my knowledge and belief.					Date ApprovedJUL 2 6 1989						
0 1 d 11						whhioved	ــــــــــــــــــــــــــــــــــــــ				
hele Lodhou											
Signature/ 1					Ву	OR	IGINAL SH	GNED BY JER	RY SEYT	ON	
Julie Godfrey Rod. Tech.					DISTRICT I SUPERVISOR						
Printed Name 01/099 C Title					Title						
July 2/1989 9156850878											
Date /		Telepi	hone No.	-							
				11							

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.