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1000 Rio Brazos Rd., Aztec, NM 87410

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Sirgo Operating, Inc.</b>		Well API No. <b>30-025-03291</b>	
Address <b>P.O. Box 3531 Midland, Texas 79702</b>			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Change in operator from Petrus Oil Co., L.P.		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	to Sirgo Operating, Inc. effective	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<b>November 1, 1989</b>	
If change of operator give name and address of previous operator <b>Petrus Oil Company, L.P. 12201 Merit Dr. Suite 900 Dallas, Texas 75251-2293</b>			

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>East Pearl Queen Unit</b>	Well No. <b>50</b>	Pool Name, including Formation <b>Pearl (Queen)</b>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. <b>E-5887</b>
Location Unit Letter <b>K</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>34</b> Township <b>19S</b> Range <b>35E</b> , NMPM, Lea County				

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910 Midland, Texas 79702</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Phillips 66 Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589 Tulsa, Oklahoma 74102 4001 Penbrook Odessa, Texas 79762</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>27</b>	Twp. <b>19S</b>	Rge. <b>35E</b>	Is gas actually connected? <b>yes</b>	When? <b>2/4/59</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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						Depth Casing Shoe		

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Julie Godfrey*  
Signature  
**Julie Godfrey** Production Tech.  
Printed Name  
**November 14, 1989** Title  
Date **(915) 685-0878**  
Telephone No.

#### OIL CONSERVATION DIVISION

**NOV 21 1989**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title \_\_\_\_\_

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

NOV 15 1989

OCC  
HOBBS OFFICE