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., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND A	UTHORIZ	ATION S					
I. Operator	TO TRANSPORT OIL AND NATURAL				Well API No. 30-025-03301					
Sirgo Operating, Inc.					30	<u>-025 -</u>	- <i>05</i>	301		
Address P.O. Box 3531 Mi	Idland, Texas	79702								
Reason(s) for Filing (Check proper box)	drand, rond			t (Please expla						
New Well Recompletion Change in Operator	7	Transporter of: Dry Gas Condensate	to S	ge in ope irgo Ope mber 1.	rating,			Co., L.F		
If change of operator give name and address of previous operator Petrus Oil Company, L.P.						te 900 Dallas, Texas 75251-2293				
II. DESCRIPTION OF WELL	Vind o			f Lease Lease No.						
Lease Name East Pearl Queen Unit	t 43				ederal or Fee E-5840					
Location Unit Letter	: 1980	Feet From The	10rthine	and _66	. O Fee	t From The	Wes	<u>f</u> Line		
Section 34 Township	Section 34 Township 19S Range 35E , NMPM, Lea County									
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS	Pr		CON of this for	m is to be se	ent)		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79702									
Shell Pipeline Corp. Name of Authorized Transporter of Casing Warren Petroleum Phillips 66 Natural C						i copy of this form is to be sent a, Oklahoma 74102 asa. Texas 79762				
Phillips 66 Natural C	chaces oil or liquids, Unit Sec. I wp. Rgc. Is gas actually connected:				When	en ?				
give location of tanks.	F 27	198 35E	l ye		1	2/4/	59			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingi	ing order nume	er:						
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			1,	Dept				pth Casing Shoe		
TUBING, CASING AND			CEMENTIN	NG RECOR	D	<u>' </u>				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	 ST FOR ALLOW	ABLE	<u></u>			1				
OIL WELL (Test must be after r	recovery of total volume	of load oil and must	be equal to or	exceed top allow thod (Flow, pu	mable for this	depth or be fo	or full 24 hou	trs.)		
Date First New Oil Run To Tank	Date of Test					Choke Size				
Length of Test	Tubing Pressure		Casing Pressure							
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 (pitot, back pr.)	Tubing Pressure (Shu	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.			Date Approved NOV 2 1 1989							
Que dio Har	I SERRY SEATON									
Signature Julie Godfrey	By ORIGINAL SIGNED BY JERNISOR DISTRICT I SUPERVISOR									
Printed Name November 14, 1989		Title 85-0878	Title			<u> </u>				
Date	Te	lephone 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.