

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
 at Bottom of Page

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

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

I. Operator Sirgo Operating, Inc. Well API No. 30-025-05589
 Address P.O. Box 3531, Midland, Texas 79702
 Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas Effective 6-1-90
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481

II. DESCRIPTION OF WELL AND LEASE
 Lease Name East Eumont Unit Well No. 33 Pool Name, including Formation Eumont-Yates-SR-Q Kind of Lease State Federal or Fee Lease No. B-2461
 Location Unit Letter F : 1980 Feet From The N Line and 1980 Feet From The W Line
 Section 10 Township 19S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Koch Oil Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102
Phillips 66 Natural Gas Co. 4001 Penbrook, Odessa, Tx 79762
 If well produces oil or liquids, give location of tanks. Unit M Sec. 3 Twp. 19S Rge. 37E Is gas actually connected? Yes When?

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.
Bonnie Atwater
 Signature Bonnie Atwater Production Tech.
 Printed Name June 6, 1990 Title 915/685-0878
 Date Telephone No.

OIL CONSERVATION DIVISION
 Date Approved JUN 19 1990
 By JERRY SEXTON ORIGINAL SIGNED BY JERRY SEXTON
 Title DISTRICT I SUPERVISOR

- 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.