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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.	REQUES				AUTHOR TURAL G					
Operator						Well	API No.			
Sirgo Operating	, Inc.	· · · · · · · · · · · · · · · · · · ·					0-025) -05	1595	
P.O. Box 3531, N	Midland. Texa	s `79	702							
Reason(s) for Filing (Check proper bo	x)			Ot	her (Please exp	lain)				
New Well			sporter of:		Effective	o 6 1 00	١			
Recompletion	Oil Casinghead Gas		Gas L. densate		ETTECTIV:	e 0-1-90	,			
If change of operator give name				21	- 1 - M	1/	00011 0/			
	Morexco, Inc.	<u>, r.u</u>	. DOX 40	or, Arte	sia, New	Mexico	88211-04	181	· · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL Lease Name	···	No Post	Name Includ	ing Formation		Vind	of Lease		\	
East Eumont Unit 48 Eumont-Yates-SR-Q							Kind of Lease State, Federal or Fee Lease No. Federal or Fee			
Location Unit Letter	: 740	Feet	From The	<u> </u>	ne and <u>lo</u>	60_F	et From The	W	Line	
Section 5 Town	aship 193	Ran	ge 37E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRA			ND NATU							
Name of Authorized Transporter of Oi	or Co	ndensate		Address (Gi	ve address to w	hich approved	copy of this for	n is to be sen	t)	
Injection Name of Authorized Transporter of Ca	singhead Gas	or D	ry Gas	Address (Cis	ve address to w	hich approved	copy of this form	n is to he ac-	()	
			, , , , , , , , , , , , ,			approved	copy of this form	1 5 10 06 36/2	•	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp	. Rge.	Is gas actual!	ly connected?	When	?			
f this production is commingled with the	at from any other lease	or pool,	give comming	ing order num	ber:	· · · · · · · · · · · · · · · · · · ·				
V. COMPLETION DATA	Oil V	Vall 1	Gas Well	Nam Wall	Workover	<u> </u>				
Designate Type of Completic	on - (X)	VEII	Cas Well	New Mell	workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	y to Prod.		Total Depth	· 	· &	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
······································				CEMENTING RECORD						
HOLE SIZE	CASING &	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
										
. TEST DATA AND REQUI	FST FOR ALLO	WABLE	₹							
<u>-</u>	r recovery of total volu			be equal to or	exceed top allo	wable for this	depth or be for j	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, et			c.)			
ength of Test	Tubing Pressure			Casing Pressu	ıre		Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL										
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condens	sate/MMCF		Gravity of Cond	ensate		
sting Method (pitot, back pr.)	.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
soung a resource (price; cock pr.)			ĺ							
I. OPERATOR CERTIFIC			NCE		OIL CON	SERVA	TION DI	VISION	J	
I hereby certify that the rules and reg Division have been complied with an	d that the information g	iven abov	'e		0011	J				
is true and complete to the best of my	knowledge and belief.			Date	Approved	d t	<u> </u>	JUN	20 199	
Kommio (Hunt	1 0			, ,					
Signature				By ORIGINAL SIGNED BY JERRY SEXTON						
Bonnie Atwater Printed Name	Producti	on Te	ch	7 734 =		DIS	TRICT I SUPE	RVISOR		
June 6, 1990	915/685	-0878		Title_	·				, nid a	
Date	To	elephone l	No.							

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.