ibmit 5 Copies
ppropriate District Office
ISTRICT I
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

ISTRICT II O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III 00 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		0 1117	1101	7111 011		1011/12 00	Well	API No.			
perator Operating	Tno								5-0	5697	
Sirgo Operating,	Inc.								<u> </u>	<u></u>	
P.O. Box 3531, Ma	idland. Te	exas	7970	2							
eason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)				
lew Well	(	Change in	_	F7	-		. ( 1 0(	`			
ecompletion	Oil Dry Gas Effective 6-1-										
hange in Operator	Casinghead	Gas	Conden	sate	<del></del>						
a sources or provious operator	orexco, I		P.O.	Box 48	1, Artes	ia, New	Mexico	88211-	0481	· · · · · · · · · · · · · · · · · · ·	
. DESCRIPTION OF WELL			1				V:- 4	-C1	1	ease No.	
East Eumont Unit		Well No. Pool Name, Include Eumont-Ya							nd of Lease ate, Federal or Fee		
ocation	. 199	20	Feet Fro	om The	A) Lin	e and	/a() F	eet From The	11/	Line	
Unit Letter	;		. Ita II	All 1110					· · · · · · · · · · · · · · · · · · ·		
Section 27 Towns	hip 19.	<u>ځ</u>	Range	37E	, N	МРМ,	Lea		· · · · · · · · · · · · · · · · · · ·	County	
I. DESIGNATION OF TRA		OF O		D NATU	RAL GAS	e address 10 w	hich approve	d copy of this 1	form is to be s	ent)	
Injection Of Concensus					Address (Give address to which approved copy of this form is to be sent)						
iame of Authorized Transporter of Cas	inghead Gas		or Dry (	Gas	Address (Giv	e address 10 wi	hich approve	d copy of this f	form is to be s	ent)	
well produces oil or liquids, ve location of tanks.	Unit S	Sec.	Twp.	Rge.	Is gas actually connected? When			?			
this production is commingled with the	at from any other	lease or	pool, give	e comming	ling order num	ber:					
V. COMPLETION DATA			<del></del>		1 31 317 11	1 11/- 1	l D	Dive Deals	Same Res'v	Diff Res'v	
Designate Type of Completio		Oil Well	1 0	las Well	I New Mell	Workover	Deepen	1 Plug Back	Same Kes v	l l	
Pale Spudded	Date Compl.	Ready to	Prod.		Total Depth	l	<u>l</u>	P.B.T.D.	<u>. L </u>		
evations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
								Depth Casing Shoe			
erforations								Depun Casir	ig Snoe		
	77	IRING	CASIN	JG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE CASING & TUBING SIZE					CLINEIVI	DEPTH SET		SACKS CEMENT			
HOLE OLE											
					<u> </u>						
. TEST DATA AND REQUI	EST FOR AL	LOWA	ABLE			1	bl. f db	in death as he	C== 6.11.24 hav		
IL WELL (Test must be after		i volume	of load o	il and must		exceed top allow, pu			Jor Juli 24 Not	<i>us.</i> )	
ate First New Oil Run To Tank	Date of Test				Producing M	ediod (Flow, pi	υνφ, gus igi,	eic.)			
ength of Test	Tubing Dragg	Tubing Pressure			Casing Press	ıre		Choke Size	Choke Size		
ength of Test	Tuning Flessing										
ctual Prod. During Test	Oil - Bbls.	Oil - Bhis						Gas- MCF	Gas- MCF		
man I ion south I to	CH - Dois.				Water - Bbis.						
GAS WELL					16.1	0.0700	A		Sanda in the		
ctual Prod. Test - MCF/D	Length of Te	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Visson	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
sting Method (pitot, back pr.)	Tuoing Fiess	troughtiessone (ourm.m)				Series (Street In)					
I. OPERATOR CERTIFI				CE		DIL CON	JSERV	ΊΛΟΙΤΔ΄	DIVISIO	NC	
I hereby certify that the rules and reg	ulations of the O	il Conser	vation				YOLI IV	AHON	D14101C	J1 Y	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	. Approve	d	JUN 2 0 1			
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Donnie Illusia					By_	Abicia	<u> </u>	n av erg	Y SSXTON	<b>-</b>	
Signature Bonnie Atwater Production Tech.					-	(0.161.0.11.	11 111 45 1 47 . 4	SUPÉRVISOR			
Printed Name			Title		Title		gar ( ver E ) 1 4 4 4 4				
June 6, 1990	915	/685 <u>-</u>				· · · · · · · · · · · · · · · · · · ·		···	···		
Date		Tele	phone No	0.							

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.