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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

ISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator				-				1 1	API No.	ــــــ	,	
Sirgo Operating,	inc.							-1.3	<u> </u>	<u>5-05</u>	570%	
ddress												
P.O. Box 3531, Mic	lland,	Texas	79	702	2		/D/	-7-1				
eason(s) for Filing (Check proper box) Change in Transporter of: Other (Please explain)												
completion Oil Dry Gas Effective 6-1-90												
hange in Operator												
change of operator give name						ll Artes	sia, New	Mevico	88211-0)/ _{4.8.1}		
d address of previous operator PIOT DESCRIPTION OF WELL			,	•	DON 40	i iii ccc	ita, new	TICKTCO	00211	7+01		
ease Name Well No. Pool Name, Includi							· · · · · · · · · · · · · · · · · · ·		Kind of Lease		ease No.	
East Eumont Unit 75 Eumont-Ya						tes-SR-C)	d State,	State, Federal or Fee		<i>2330</i>	
ocation	10) (2 (4	1	/ /		_		
Unit Letter	_ :	1.C)(_	_ Feet	Fro	m The	Lin	e and <u>[0[</u>	2 <u> </u>	et From The_		Line	
Section 27 Townshi	. 19	S	Rang	ge	37E	, NI	мрм,	Lea			County	
			•									
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
lame of Authorized Transporter of Oil or Condensate							Address (Give address to which approved copy of this form is to be sent)					
Injection Injection Address (Give address to which approved copy of this form is to be sent)												
in a random random of campion of						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,			
well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	•	Rge.	Is gas actually connected? Wi			n?			
this production is commingled with that	from any oth	er lease o	r pool, j	give	commingl	ing order num	er:					
V. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil We	11	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Pate Spudded	Date Comp	ol. Ready i	Lo Prod.			Total Depth		I	P.B.T.D.			
						# ^ 1/ C)	Ç	· <u>-</u>				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	ray		Tubing Depth			
erforations						Depth Casing Shoe						
	CEMENTI	EMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
							·	 				
	<u> </u>											
. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	E					•			
IL WELL (Test must be after re	covery of 10	ial volume	of load	d oil	and must					or full 24 hour	·s.)	
ate First New Oil Run To Tank	Date of Tes	at .				Producing Me	thod (Flow, pu	mp, gas lift, e	(c.)			
d of Tox						Casing Pressu			Choke Size	Choke Size		
ength of Test	Tubing Pressure					Casing Flessu	ie		Choke Size	5.1040 5.120		
ctual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF			
AS WELL												
ctual Prod. Test - MCF/D	Length of Test					Bbls. Condens	ate/MMCF		Gravity of Condensate			
	Tulling hanner (81 (-)					(C)			, <u>, , , , , , , , , , , , , , , , , , </u>	Choke Size		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF	СОМ		NC	TE.				l			
I hereby certify that the rules and regula					-1		DIL CON	SERVA	NOITA	DIVISIO	N	
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 NIN 9 A 1000						
Banasia / History						By ORIGINAL SIGNED BY JERRY SERTON 1991						
Donnie Waler						By_	OR	IGINAL SK	SNED BY J	RVISOR		
Signature Bonnie Atwater Production Tech.						-,	By ORIGINAL SUPERVISOR					
Printed Name Title							Acceptance of the second of th	المحموم والمعري				
June 6, 1990	91.		ephone			Title						
		101	-pinule	٠٠٠.		14						

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
- 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.