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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTRA	NSPORTO	IL AND INA	TUNALG		API No.			
Sirgo Operating,	Inc.					36	0-025	5-05	708	
Address P. O. P. D. 25.21 M-	dlond	Torac	79702							
P.O. Box 3531, Min Reason(s) for Filing (Check proper box)	lulanu,	rexas	19102	Ou	her (Please exp	olain)				
New Well		, ,	Transporter of:		D.C.C.		1 00			
Recompletion	Oil Carlantar		Dry Gas  Condensate		EIIe	ctive 6-	-1-90			
	Casinghea	<del></del>		/ O1	ooda No	Mossif oc	00011	0/.01		
and address of previous operator	orexco,	Inc.,	P.O. Box	401, ALL	esia, Ne	w Mexico	00211	-0401		
II. DESCRIPTION OF WELL	AND LEA	Well No.	7	* F		V:-4	-61			
Lease Name East Eumont Unit	ding Formation ates—SR—Q			of Lease No. Federal or Fee B-233						
Location	1.0			A )	,	1 0		1		
Unit Letter	_:	80_	Feet From The _	Lir	ne and	rolo Fe	et From The		Line	
Section 27 Towns	ip 19	<u>ح</u>	Range 37E	, N	МРМ,	Lea			County	
III. DESIGNATION OF TRAI	NSPORTE									
Name of Authorized Transporter of Oil Texas-New Mexico Pipe	XX	or Condens	ate	1		which approved Hobbs,				
Name of Authorized Transporter of Casi		[X]	or Dry Gas			vhich approved				
Warren Petroleum Corp				P.O. B	ox 1589,	Tulsa,	Oklahom			
If well produces oil or liquids, give location of tanks.	ces oil or liquids,   Unit   Sec.   Twp.   Rge.   Is of tanks.   T   27   195   37 E				Is gas actually connected? When			1 1957		
If this production is commingled with that		er lease or p		<u> </u>	<del></del>			<u>'                                    </u>		
IV. COMPLETION DATA				<u>,</u>				,		
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	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
11015 0175	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE			Jer in sel			OAORO OLIMERTI		
	<del> </del>	<del></del>								
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE				J			
OIL WELL (Test must be after								for full 24 how	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	Water - Bbls.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of I	`csl	· · · · · · · · · · · · · · · · · · ·	Bbls. Conden	Bbls. Condensate/MMCF			Gravity of Condensate		
				Carlos David	(Cut in)			Choke Size		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Cloke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIANCE			JOEDA	TION		\ <b>N</b> 1	
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 ApprovedJUN 2 0 1990					
R	1	1	Λ Λ		. , ,pp,0*0	· <b>-</b>				
Signature					By ORIGINAL SLOWED BY JERRY SEXTON					
Bonnie Atwater Production Tech.					DISTRICT 1 SUPERVISOR Title					
Printed Name June 6, 1990	915	/685-08	378	Title					·	
Date		Telep	hone No.	li .						

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.