bmit 5 Copies
propriate District Office
STRICT I
). 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

STRICT II
). Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III 30 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | 10 18 | ANOPC | JITI OIL | AITO ITATI | <u> </u> | Well A | PI No. | | _ , , | |
|--|---|-------------------------|--------------------------|------------------------------|---|---------------------------|--|----------------|---------------|--|
| perator The | | | | | | 130 | -025 | <u>-05</u> | <u>841 </u> | |
| Sirgo Operating, I | nc. | | | | | | | | ļ | |
| P.O. Box 3531, Mid | land, Texas | 7970 | 2 | | - (D) | :-1 | | | | |
| eason(s) for Filing (Check proper box) | | | | | | | | | | |
| ew Well | Change in Transporter of: Oil Dry Gas Effective 6-1-90 | | | | | | | | | |
| ecompletion [X] | Casinghead Gas [| _ · | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| hange in Operator X hange of operator give name Mor | exco, Inc., | | | l. Artes | ia. New | Mexico | 88211-048 | 31 | | |
| action of biomore of | | <u> </u> | DUA 70. | | _ 1 , - | | | | | |
| DESCRIPTION OF WELL | na Enematica | | Kind o | Kind of Lease Lease No. | | | | | | |
| East Eumont Unit | Well No | ime, includi nont-Ya | ng Formation tes-SR-Q | | | State, Federal or Fee Joo | | | | |
| | | | |) | | 2 | | <i>/</i> - | | |
| Unit Letter | : 660 | Feel Fr | om The _ | <u> </u> | : and <u>JE</u> | 385 Fo | et From The | <u> </u> | Line | |
| 5 – | 102 | _ | 075 | s n | ADM | Lea | | | County | |
| Section 35 Townshi | p 175 | Range | 37E | , N | ирм, | nea | | | | |
| I. DESIGNATION OF TRAN | SPORTER OF | OIL AN | D NATU | RAL GAS | | · | | ie to be e- | 5/) | |
| ame of Authorized Transporter of Oil | or Cond | lensale | | Address (Giv | e address 10 wl | uch approved | copy of this form | | / | |
| Injection | about Con | or Dry | Gas | Address (Giv | e address 10 w | rich approved | copy of this form | is 10 be se | n/) | |
| ance of Authorized Transporter of Casin | gnezo Uzs | טו טוא | | | | | | | | |
| well produces oil or liquids, | Unit S∞. | Twp. | Rge | . Is gas actually connected? | | When | 7 | | | |
| re location of tanks. | | | | ing order area | ber | | | - | | |
| this production is commingled with that | from any other lease | or pool, giv | ve comming! | ing ower nam | <u></u> - | | | | | |
| COMPLETION DATA | Oil W | eli | Gas Well | New Well | Workover | Deepen | Plug Back Sa | me Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) j | i_ | | Total Doorh | 1 | <u> </u> | P.B.T.D. | | <u></u> | |
| ale Spudded | Date Compl. Ready | to Prod. | | Total Depth | | | F.B. I.D. | | | |
| 100 040 00 CO | Name of Producing Formation | | | | Top Oil/Gas Pay | | | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | | | | | |
| erforations | | | | | | | Depth Casing S | noc | | |
| | | | | CIE) CENTRE | NC DECOR | חי | <u> </u> | | | |
| | | | CEMENII | CEMENTING RECORD DEPTH SET | | | SACKS CEMENT | | | |
| HOLE SIZE | CASING & | 31 <u>4</u> E | OCT TIT OCT | | | | | | | |
| | | | | | | | | | | |
| | | | | <u> </u> | | | | | | |
| | ST FOR ALL O | VARLE | | .L | | <u> </u> | _1, | | | |
| . TEST DATA AND REQUE IL WELL (Test must be ofter | recovery of total volu | me of load | oil and mus | s be equal to or | exceed top all | onable for th | is depth or be for | full 24 hou | vs.) | |
| ate First New Oil Run To Tank | Date of Test | <u> </u> | | Producing M | ethod (Flow, p | ump, gas lifi, | eic.) | | | |
| | | | Casing Press | ine . | | Choke Size | | | | |
| ength of Test | Tubing Pressure | | Casing 11cos | u., | | | | | | |
| ctual Prod. During Test | Oil - Bbls. | | | Water - Bbls | Water - Bbis. | | | Gas- MCF | | |
| com tion paint ton | | | | | | | | | | |
| JAS WELL | | | | | <u> </u> | | Toman at Car | deneste | <u></u> | |
| ctual Prod. Test - MCF/D | Length of Test | | | Bols. Conde | nsate/MMCF | | Gravity of Condensate | | | |
| | | | | Casino Pres | sure (Shut-in) | | Choke Size | | | |
| sting Method (pilot, back pr.) | Tubing Pressure (| oum-m) | | Casing 1.00 | (= | | | | | |
| | 0. mp 0. 00. | ATDT TA | NICE | | | | | 11/101/ | | |
| 7. OPERATOR CERTIFIC | CATE OF COL | NTTLIA | 14015 | | OIL CO | NSERV | ATION D | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | JUN 2 1 1990 | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | Date Approved | | | | | |
| a. Otton | | | | | ORIGINAL SIGNED BY JERRY SEXTON | | | | | |
| Donnie Ulliater | | | | | | DISTRIC | TI SUPERVI | SOR- | | |
| Signature Bonnie Atwater | Product | ion Te | ech | \ | | | | | | |
| Printed Name June 6, 1990 | 915/68 | ราป6 85-0878 | | Title | 9 | | | | | |
| Date | | Telephone | | | | | in a series of the series of | • ., . <u></u> | | |
| | | | | | a contract of the second | | | | | |

- 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) Senarate Form C-104 must be filed for each pool in multiply completed wells.