

Submit 5 Copies  
to Appropriate District Office  
STRICTLY  
P.O. Box 1980, Hobbs, NM 88240

STRICTLY  
P.O. Box DD, Artesia, NM 88210

STRICTLY  
30 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
Sirgo Operating, Inc.	30-025-05845
Address	
P.O. Box 3531, Midland, Texas 79702	
Reason(s) for Filing (Check proper box)	
New Well	Change in Transporter of:
Recompletion	Oil
Change in Operator	Casinghead Gas
	Dry Gas
	Condensate
	Effective 6-1-90
Change of operator give name and address of previous operator	
Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481	

DESCRIPTION OF WELL AND LEASE	
Case Name	Well No.
East Eumont Unit	95
Pool Name, Including Formation	Kind of Lease
Eumont-Yates-SR-Q	State, Federal or Fee
Location	Lease No.
Unit Letter	B-1581
1980	
Feet From The	
N	
Line and	
330	
Feet From The	
W	
Line	
Section	Township
36	193
Range	Lea
37E	
NMPM	
County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
Injection	
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)
well produces oil or liquids, or location of tanks.	Unit
	Sec.
	Twp.
	Rge.
Is gas actually connected?	When?
this production is commingled with that from any other lease or pool, give commingling order number:	

II. COMPLETION DATA	
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
	P.B.T.D.
Levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. TEST DATA AND REQUEST FOR ALLOWABLE			
IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

IV. TEST DATA AND REQUEST FOR ALLOWABLE			
IAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Bonnie Atwater	
Signature	Production Tech.
Bonnie Atwater	
Printed Name	Title
June 6, 1990	915/685-0878
Date	Telephone No.

OIL CONSERVATION DIVISION	
JUN 21 1990	
Date Approved	
By	ORIGINAL SIGNED BY JERRY SEXTON
	DISTRICT I SUPERVISOR
Title	

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.

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JUN 18 1990

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