					··· .		-	
Submit 5 Copies Appropriate District Office DISTRICT I	Energy, Min	ew Mexico Iral Resourc	es Departm	ent		Form C-104 Revised 1-1-89 See Instructions		
D.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO						at Bottom of Page	
P.O. Drawer DD, Anesia, NM 88210	Santa	Fe, New Me		4-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR							
	TO TRANS	SPORT OIL	AND NA	URAL GA	AS Well A	Pl No.		
Operator Sirgo Operating, T Address	Inc.	·	<u> </u>	······································	30	-025	-05846	
P.O. Box 3531, Mic	dland, Texas 7	9702	Othe	r (Please expl	ain)	·		
Reason(s) for Filing (Check proper box) New Well	Change in Tra	insporter of:						
Recompletion	-	y Gas		Effec	ctive 6-	1-90		
Change in Operator If change of operator give name M		ndensate	81 Arto	cia Ner	. Mexico	88211-	0481	
and address of previous operator	orexco, Inc., P	.U. BOX 4	oi, Aile	51a, Nev	MERICO	00211	0401	
II. DESCRIPTION OF WELL	AND LEASE Well No. Po	ol Name, Includi	ng Formation	· · · · · · · · · · · · · · · · · · ·	Kind	of Lease	Lease No.	
Lease Name East Eumont Unit		umont-Yat				Federal or Fee	B-1581	
Location Unit Letter	: <u>330</u> Fe	et From The		and _16	5 <u>0</u> Fe	et From The	Line	
Section 36 Townshi	p 195 Ra	inge 37E	, NN	<u>(PM,]</u>	Lea		County	
III. DESIGNATION OF TRAN			RAL GAS	address to wi	hich approved	come of this for	rm is to be sent)	
Name of Ambonized Transporter of Oil Texas-New Mexico Pipe	or Condensate	, 🗆	4			New Mexi		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp	P.O. Box 1589, Tulsa, Oklahoma 74102							
If well produces oil or liquids, give location of tanks.	$ U_{\text{pit}} \le 135$	13 137E	yes	<u>) </u>		195	7	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or poo	I, give comming!	. <u> </u>	workover	Deepen	Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion	- (X)	i	İ					
Date Spudded	Date Compl. Ready to Pro	od.	Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations			1			Depth Casing	Shoe	
	TUBING, CASING AND					SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					
				- <u>-</u>	<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLOWAB recovery of total volume of l	LE oad oil and must	be equal to or	exceed top all	owable for thi	e depth or be fo	or full 24 hours.)	
Date First New Oil Run To Tank	Date of Test			ethod (Flow, pi	ωπφ, gas ιψι, e			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
GAS WELL				COLOAD ICE		Gravity of Co	ondensale	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensale		
Festing Method (pitol, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COMPL	LANCE	(ISERV		DIVISION	
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.				JUN 2 1 1990				
Bannis Atuntos				Date Approved				
Signature Bonnie Atwater Production Tech.				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Printed Name	T	itle	Title			·····		
June 6, 1990	915/685-08 Telephy	78 one No.						
					1	and the states of		

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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.



RECEMED