bmit 5 Copies
propriate District Office
STRICT 1
). 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

D. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

STRICT III 30 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	TOTRA	ANSPORT	UIL.	ANU NAT	UNAL GA	M CII VI				
entor				30-025-05847						
Sirgo Operating, I	nc.									
P.O. Box 3531, Mid	land, Texas	79702			101					
eason(s) for Filing (Check proper box)		m	r.	☐ Othe	t (Please explai	n)		-		
ew Well		a Transporter o Dry Gas	" <u> </u>	E	ffective	6-1-90			ļ	
ecompletion [V]	Oil Casinghead Gas [
hange in Operator XI	exco, Inc.,		- / ₁ 81	Artes	ia. New 1	Mexico	88211-0	481		
2 action of biomore star.		P.O. BO2	(401	ALCO.	<u> </u>					
DESCRIPTION OF WELL.	AND LEASE	. Pool Name,	Includia	e Formation		Kindo	(Lease		e No.	
East Eumont Unit Well No. Pool Name, Including Eumont-Yai				es-SR-Q Sun			, federal or Fee 13 - 935			
ocation h /				2		1 0		14/		
Unit Letter	: 560	_ Feel From T	ре	Lix		(O) F∞	et From The _		Line	
j	クのム	Range :	37E	. N	ирм,	Lea			County	
Section Townshi									•	
I. DESIGNATION OF TRAN	SPORTER OF	OIL AND N	ATUI	RAL GAS	e address to wh	ich approved	copy of this fo	rm is to be se	<i>ਪ)</i>	
ame of Authorized Transporter of Oil	or Cond	ensate)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Injection and of Authorized Transporter of Casin	ghead Gas	or Dry Gas		Address (Gin	e address to wh	ich approved	copy of this fo	em is to be se	w)	
alle of Audionates Transport			D	ls gas actually	y connected?	When	7			
well produces oil or liquids, ve location of tanks.	Unit S∞	Unit Soc Twp. Rga			,					
this production is commingled with that	from any other lease of	or pool, give co	mmingli	ing order numb	жг					
COMPLETION DATA				New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'y	
Designate Type of Completion	Oil We	ell Gas V	Veli	I WEM MEII	WOLFOALL	Dupi	1108 2401		<u>i</u>	
	Date Compl. Ready	to Prod.		Total Depth	·	1	P.B.T.D.	-		
inte Spudded				01/0	K: ::		T. 1			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
						Depth Casing Shoe				
thornoot										
TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				<u></u>			 			
							1	 		
. TEST DATA AND REQUE	ST FOR ALLOV	YABLE	ed must	he equal to or	exceed top all	onable for th	is depih or be	for full 24 hou	vs.)	
IL WELL Test must be ofter ate First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, pump, gas lift, etc.)									
ate First New Oil Not 10 1-22	Date of Test			C. J. David			Choke Size			
ength of Tex	of Tes Tubing Pressure			Casing Pressure						
ciual Prod. During Test	Oil • Bbls.			Water - Bbls.			Gas- MCF			
CITI FLOT DAILING 1.02.										
JAS WELL				There Area	osate/MMCF		Gravity of G	Condensate		
ctual Prod. Test - MCF/D	F/D Length of Test			Hols. Codde	ΠPM MAIAΠΑΙ Γ.C.		G. 27 ity of Conochamic			
	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
zung Method (piea, back pr.)										
7. OPERATOR CERTIFIC	CATE OF CON	APLIANC	Е		OIL COI	USERV	'ATION	DIVISIO	NC	
مع المع مدارم بالربيات على الربيات الم	intritions of the Oil Cot	retarion .				10L114	iii.	N 2 1 1	990	
District have been complied with 20	q that the impution	Stell work		Dat	e Approve	ed		14 N Z 1		
is true and complete to the best of my knowledge and belief.				Dat	0 / \pp10 v	, , , , , , , , , , , , , , , , , , , ,				
Gonnie (theater				By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Atvictor	Product	ion Tech				DIS	STRICT I SL	JPERVISOR		
Printed Name				Title	·					
June 6, 1990		Telephone No.								
Date		Class the other transfer	71-12 M 1-14	ible lecoid biolisis	6 (a) 164 (4 a) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	or by the second	a sa Braza de Pere			
A SECTION AND A		in asmaliana								

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.