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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	TO 11	IANSPORT C	IL AND NA	TURAL GA	No Wall A	VPI No.		<del></del>	
Operator Sirgo Operating, I	nc.				1	)-025·	-D5	851	
Address								İ	
P.O. Box 3531, Mid	lland, Texas	79702	Oth	er (Please explo	in)				
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Change Oil Casinghead Gas	in Transporter of:  Dry Gas  Condensate	] ]		ctive 6-	-1-90			
If change of operator give name	rexco, Inc.	, P.O. Box	481, Art	esia, New	w Mexico	88211-0	481		
and address of provious operator									
II. DESCRIPTION OF WELL A Lease Name East Eumont Unit	Well No. Pool Name, Including			<u></u>		Kind of Lease State, Federal or Fee		B-935	
Location . \	1 1 -			10	22		1.1		
Unit Letter	:_lole()	Feet From The		e and		et From The		Line	
Section Township		Range 37		мрм, І	Lea			County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NAT	URAL GAS	ue address to wi	hich approved	copy of this form	is to be se	nt)	
Name of Authorized Transporter of Oil Texas-New Mexico Pipel	or Cond	lensale				New Mexic			
Name of Authorized Transporter of Casing		or Dry Gas	Address (Gir	ve address to wi	hich approved	copy of this form	is to be see	nt)	
Warren Petroleum Corporation				P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, zive location of tanks.							?		
If this production is commingled with that f	from any other lease								
IV. COMPLETION DATA					,	·			
Designate Type of Completion	oil W	ell Gas Well	New Well	Workover	Deepen	Plug Back   San	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	.L	I	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing S	Depth Casing Shoe		
			m or or	NC DECOR	D		<del></del>		
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TOBING SIZE			<u> </u>					
						<u> </u>			
							<del>-</del>		
V. TEST DATA AND REQUES	T FOR ALLO	VABLE							
OIL WELL (Test must be after r.	ecovery of total volu	ne of load oil and m	ust be equal to o	r exceed top all	owable for th	is depth or be for	full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	fethod (Flow, p	ump, gas lift,	etc.)			
I define	Tubing Pressure	<u></u>	Casing Press	Casing Pressure			Choke Size		
Length of Test	Tubing Pressure						Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbl	Water - Bbls.					
GAS WELL	1						<del>,</del>		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	nsate/MMCF		Gravity of Condensate			
	Tubing Pressure (S	hutain)	Casino Pres	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)									
VI. OPERATOR CERTIFIC	CATE OF CON	MPLIANCE servation		OIL COM	NSERV	'ATION D	IVISIC	NC	
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.				Date Approved					
Q /	H H	•		pp,000					
Signature Clivaler					ORIGIN/	L SIGNED BY	JERRY	SEXTON -	
Bonnie Atwater Production lech.  Printed Name Title				ə		ISTRICT I SUP		R	
June 6, 1990		-08/8 Telephone No.	-	•.			17. mm (mm)		
Date		•	1.1						

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.

MORRE CONCERNION OCCUPANTO