Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. | T0 | OTRA | <u>NSPO</u> | RT OIL | AND NAT | URAL GA | S | SCS1 | | ······································ | |
|--|--|--|---------------------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------|------------------|-----------------|--|--|
| Operator | | | | | | | Well A | PI No. | -233 | 202 | |
| Sirgo Operating, Inc. | | | - | | | | 100- | - <i>U</i> 25 | - d DS | 000 | |
| Address | ا لحمدال | Tanca | 7970 | 12 | | | | | | | |
| P.O. Box 3531 Mi Reason(s) for Filing (Check proper box) | dland, | rexas | 7570 | J2 | Othe | r (Please expla | in) | | | | |
| New Well | C | hange in | Transport | ler of: | | • | | from Pet | rus Oil | Co., L.F | |
| Recompletion | Oil | | Dry Gas | r-n | | irgo Ope | | | | | |
| Change in Operator | Casinghead | Gas 🗌 | Condens | ate 🗌 | | mber 1. | | | | | |
| If change of operator give name | us Oil | Compar | nv. L | .Р. | 12201 M | erit Dr. | Sui | te 900 | Dalla | s, Texas | |
| and address of previous operator | | | | | | | | | 75251 | -2293 | |
| II. DESCRIPTION OF WELL | | SE | | | F | | Vind a | (Lease | | ease No. | |
| Lease Name | Well No. Pool Name, Includi 56 Pearl (Q | | | | | | Federal or Fee F-5840 | | | | |
| East Pearl Queen Unit | · | <u>56</u> | 10 | 411 (4 | | | | | <u> </u> | <u> </u> | |
| Unit Letter F: 1355 Feet From The North Line and 2475 Feet From The West Line | | | | | | | | | | | |
| Section 34 Township 19S Range 35E , NMFM, Lea Cou | | | | | | | | County | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | | | | | | |
| III. DESIGNATION OF TRAINS OF THE STATE OF T | | | | | | | | | | | |
| Shell Pipeline Corp. Shell Pipeline Corp. Or Condensate P.O. Box 1910 Midland, Texas 79702 | | | | | | | | | | | |
| Name of Authorized Transporter of Casing Warren Petroleum | Address (Give | ddress (Give address to which approved copy of this form is P. () BOX 1589 TUISA. UKIAhoma | | | | 702 | | | | | |
| Phillips 66 Natural C | 4001 P | <u>enbrook</u> | Odes: | sa, Texas /9/62 | | | | | | | |
| If well produces oil or liquids, Unit Spive location of tanks. | | Sec. Twp. Rge. 27 198 35E | | Is gas actually connected? | | When | When? | | 59 | | |
| If this production is commingled with that i | 1 | | | | ···· | | | -, · | | | |
| IV. COMPLETION DATA | .Jiii any oute | | | | | | | | | | |
| | <u>~</u> | Oil Well | G | as Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | | Deady to | <u></u> | , | Total Depth | | <u> </u> | P.B.T.D. | l | _l | |
| Date Spudded | Date Compl. | riod. | | • | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing | | | rmation | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | | | Depth Casin | g Shoe | | |
| | π | JBING. | CASIN | IG AND | CEMENTIN | NG RECOR | D | ! | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> | | | |
| V. TEST DATA AND REQUES | T FOR A | LOWA | RLE | | l | | | l, | | | |
| OIL WELL (Test must be after re | ecovery of total | il volume i | of load of | il and must | be equal to or | exceed top allo | wable for this | depth or be j | for full 24 how | rs.) | |
| Date First New Oil Run To Tank | Producing Me | thod (Flow, pu | mp, gas lift, e | tc.) | | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | |
| | <u></u> | | | | l | | | | | | |
| GAS WELL | TT : : : : : : : : : : : : : : : : : : | | | | Dhie Conden | tate/MMCE | . | Gravity of C | Ondensate | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbls. Condensate/MMCF | | | July of Companie | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| | <u> </u> | | | | <u> </u> | | | I | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE | | | | | OIL CONSERVATION DIVISION | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | 1 | | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | Date Approved NOV 2 1 1989 | | | | | | |
| Date Appr | | | | | | | <u> </u> | | | | |
| fille todfrey | | | | | | | | | | | |
| Signature Julie Godfrey Production Tech. | | | | | -, | DISTRICT : SUPPLIFIED BY JERRY SEXTON | | | | | |
| Printed Name Title | | | | | Title. | | NIZIEIC | TI SUPPLE | SEXT | ON | |
| November 14, 1989 | (9) | | phone No | | | | | | | | |
| Date | | I CIC | hinns 140 | ٠. | 11 | | | | | | |

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.