

OIL CONSERVATION DIVISION

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

Submit 5 Copies  
to appropriate District Office  
STRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

STRICT III  
30 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Sirgo Operating, Inc.</b>	Well API No. <b>30-D25-D6060</b>
Address <b>P.O. Box 3531, Midland, Texas 79702</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Completion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Effective 6-1-90	
Change of operator give name and address of previous operator <b>Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481</b>	

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>East Eumont Unit</b>	Well No. <b>126</b>	Pool Name, Including Formation <b>Eumont-Yates-SR-Q</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>A</b> : <b>330</b> Feet From The <b>N</b> Line and <b>660</b> Feet From The <b>E</b> Line Section <b>11</b> Township <b>20S</b> Range <b>37E</b> , NMPM, Lea County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <b>Injection</b>	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Tw. Rge.
Is gas actually connected?		When?	
If 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
Perforations	Depth Casing Shoe		

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

III. TEST DATA AND REQUEST FOR ALLOWABLE			
OIL 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

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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.	
Signature <b>Bonnie Atwater</b>	Production Tech.
Printed Name <b>Bonnie Atwater</b>	Title <b>915/685-0878</b>
Date <b>June 6, 1990</b>	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	<b>JUN 21 1990</b>
By	<b>ORIGINAL SIGNED BY JERRY SEXTON</b>
	<b>DISTRICT I SUPERVISOR</b>
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) Sample Form C-104 must be filed for each pool in multiply completed wells.