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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| • | | <u>O TRAN</u> | <u>SPO</u> | RT OIL | AND NA | TURAL GA | <u>.S</u> | DINO | | | |
|---|---|----------------------------|--------------|---------------|--|---------------------------|----------------|-----------------|----------------------|--------------------|--|
| Operator | | | | | | | Well A | 025- | | | |
| Sirgo Operating, Inc. | | | | | | 30-023 | | | | | |
| Address P.O. Box 3531, | Midland. | Texas | . 79 | 702 | | | | | | | |
| Reason(s) for Filing (Check proper box |) | | | | | et (Please expla | | | _ | D 1 - | |
| vew Well | (| Change in Ti | | | | ctive √- | • | • | om Texac | co Produc | |
| tecompletion \Box | Oil | | ry Gas | | to S | irgo Oper | rating, | inc. | | | |
| hange in Operator KX | Casinghead | | ondens | | | | | 20212 | | | |
| change of operator give name ad address of previous operator | Texaco P | roduci | ng, | Inc. I | P.O. Box | 728, Hot | bs, NM | 88240 | | | |
| • | I AND IRA' | SE. | | | | | | | | | |
| DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include Well No. Pool Name, Include | | | | | | | | of Lease No. | | | |
| Myers Langlie Matti | t Unit | Unit O Langlie Ma | | | | attix SR QN State, | | | Federal or Fee B-165 | | |
| Location Unit Letter | : lob | ← F | eet Fro | om The | 5Lin | e and <u>66</u> | : <u> </u> | et From The _ | W | Line | |
| Section 3.7 Town | | , | ange | 37 | | | Jea | | | County | |
| II. DESIGNATION OF TRA | | OF OIL | ANI | D NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | COLUMN (| or Condensa | te r | | Address (Giv | e address to wh | ich approved | copy of this fo | orm is to be se | nt) | |
| Injection | | | | | | | | | | | |
| ame of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| If well produces oil or liquids, jive location of tanks. | Unit | S∞. 7 | Wp. | Rge. | ls gas actual | y connected? | When | ? | | | |
| this production is commingled with the | at from any other | r lease or po | ol, give | e comming | ling order num | ber: | | | | | |
| V. COMPLETION DATA | | | | | | | 1 5 | Div. Deate | C Pacin | Diff Party | |
| Designate Type of Completion | | Oil Well | _i | Gas Well | New Well | Workover | Deepen | İ | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. | Date Compl. Ready to Prod. | | | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | ons (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | · · · · · · · · · · · · · · · · · · · | | | | Depth Casing Shoe | | |
| TUBING, CASING AN | | | | | CEMENTING RECORD | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | <u> </u> | | | | | | |
| | | | | | - | | | | | | |
| | | | | | - - | | | | | | |
| 7. TEST DATA AND REQU | FST FOR A | LLOWA | BLE | | | | | <u> </u> | | ·· <u>··</u> ····· | |
| OIL WELL (Test must be aft | er recovery of tol | al volume of | load o | oil and mus | t be equal to o | exceed top allo | owable for th | is depth or be | for full 24 hou | σs.) | |
| Date First New Oil Run To Tank | Date of Test | | | | Producing M | lethod (Flow, pr | unp, gas lift, | esc.) | | | |
| | | | | | 0 | | | Choke Size | <u>.</u> | | |
| Length of Test | Tubing Pres | Tubing Pressure | | | Casing Pressure | | | | | | |
| ctual Prod. During Test Oil - Bbls. | | | | Water - Bbls. | | | | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Buis. | | | | | | | | | | |
| CACNELL | | | | | | | | | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of T | est | | | Bbls, Conde | nsate/MMCF | | Gravity of (| Condensate | | |
| a portural a a come of come of the contract of | | | | | | | | | | | |
| Testing Method (pilot, back pr.) | Tubing Pres | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | |
| VI. OPERATOR CERTIF | ICATE OF | COMPI | JAN | ICE | | 011 00: | 1000 | ATION! | חוז יוסוי | 781 | |
| I hereby certify that the rules and n | gulations of the | Oil Conserva | ation | | 11 | OIL COI | | | | אוע | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | Date Approved | | | | | | |
| is true and complete to the best of | ny knowledge an | d belief. | | | Date | e Approve | d | . IV | <u> </u> | | |
| RAM | H + | Λ Ω | | | | | | | | | |
| Donne Alwall | | | | | By_ | By DISTRICT LEUPERVISOR | | | | | |
| Signature Bonnie Atwater | Prod | luction | _ | ch. | | D | INSTRICT! | TUPERVISO | DŘ | | |
| Printed Name | | | Title | | Title | | | | | | |
| 4-8-91 Date | 915/ | 685-08/ Telep | 18 hone N | ₩. | | | | | | | |

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.