ubmit 5 Copies
appropriate District Office
USTRICT I 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
10. Drawer DD, Artesia, NM 88210

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		10 111/	11101 0		-7410 1171		· <del>······</del>	. 61 31				
Operator	_						l l	API No.	11/11/			
02.80 070.000								0-025-69414				
Address P.O. Box 3531,	Midland	. Texas	s 79	702								
Reason(s) for Filing (Check proper box,	)	, 10,,40				et (Please expl				<del></del>		
New Well	Well Change in Transporter of:						Effective $4-1-91$ . Change from Texaco Produc					
Recompletion	Oil		Dry Gas		to S	to Sirgo Operating,Inc.						
hange in Operator KX	Casinghe		Condens			·	<del></del>					
change of operator give name ad address of previous operator	Texaco	Produc	ing,	Inc.	P.O. Box	728, Ho	bbs, NM	88240				
. DESCRIPTION OF WELL	L AND LE		TD1 N/-	- Jackyd	ing Formation	<del></del>	Vind	of Lease		ease No.		
case Name Myers Langlie Mattix	Well No. Pool Name, Includi				attix SR QN			State Federal or Fee NM 21644				
ocation	. OHIL	1	Lang	110 11	accin bi				,	19 /		
Unit Letter	. 10	180	Feet From	n The	S Lin	and 198	30_ f	eet From The	M	Line		
Omi <u></u>		,		<u></u>								
Section 35 Towns	hip <u>23</u>	<u> </u>	Range	36	<u> </u>	лрм,	Lea			County		
T DESTABLISMENT OF THE A	NCDODTI	ED OE O	II AND	NATT	DAT CAS							
I. DESIGNATION OF TRA	NSPORTI	or Conden		TATU	Address (Give address to which approved copy of this form is to be sent)							
Injection												
lame of Authorized Transporter of Cas	inghead Gas		or Dry G	25	Address (Giv	e address to wh	ich approved	copy of this	form is to be se	:nt)		
	1 ** "	l c	Turn Page		Is gas actually connected? Wh			nen ?				
well produces oil or liquids, ve location of tanks.	Unit	S∞.	]Twp.	Kge.	12 Ras acman	TOTAL COLOR	when					
this production is commingled with the	at from any of	ther lease or	pool, give	comming	ing order num	жг.						
COMPLETION DATA							,	-,	-,			
Designate Trans of Completio	- ~	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio		nel Pandy to	Pmd		Total Depth		l	P.B.T.D.				
ate Spudded	Date Con	Date Compl. Ready to Prod.							1.0,1.0.			
evations (DF, RKB, RT, GR, etc.)	Name of !	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
(CYALUM (DI , ISLU, III) OK, ELCY												
erforations	\				<u> </u>			Depth Casi	ng Shoe			
									<del></del>			
	TUBING, CASING AND				T			CACUC CENEUT				
HOLE SIZE CASING			NG & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								1				
	+											
TEST DATA AND REQUI	EST FOR	ALLOWA	ABLE									
IL WELL (Test must be after			of load oil	and musi	be equal to or	thod (Flow, pu	mable for the	is depth or be	jor juli 24 hou	rs.)		
ate First New Oil Run To Tank	Date of To	est			Fromeing ivid	.u.ou (110#, ph	<i>,,</i> φ, gω 191, 1	,				
ength of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size				
- <b></b>								C. MCC				
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF					
					l	<del></del>		1				
GAS WELL		7 Kii			Thou Are	0.705		I Cervis - C	Condensate			
ctual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
ation Markad (- See Acre V	Tubing to	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
sting Method (pitot, back pr.)	Lucing Fi											
T ODED ATOD CEDTURE		E COMP	TANIC	`F								
I. OPERATOR CERTIFICATION OF THE AND THE STATE OF THE STA				سدر		DIL CON	ISERV.	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above								61				
is true and complete to the best of m	y knowledge :	and belief.			Date	Approve	d					
Q. At	- 1											
	nate	Λ			Bv				1			
Signature Bonnie Atwater	Pro	duction	n Tech		-,-	<del> </del>						
Printed Name 4-8-9		<del></del>	Title		Title							
	915	5/685 <u>-</u> 08	878	<del></del>				<del></del>				
Date		Tele	phone No.	•	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.