ubmit 5 Copies
appropriate District Office
bistrict I
a.O. Box 1980, Hobbs, NM 88240

)ISTRICT II '.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

erator							Well A	TAT MO			
Sirgo Operating,	Inc.						30-	025- <i>0</i> 9	476		
dress											
P.O. Box 3531, M	iidland,	Texas	79	9702							
ason(s) for Filing (Check proper box)	-					s (Please expla		c		. Duadu	
w Well	(Change in	•			ctive4-			om Texac	co Produ	
completion	Oil		Dry Ga		to S	irgo Ope	rating,	.nc.			
ange in Operator KX	Casinghead		Conden								
nange of operator give name	Texaco P	roduc	ing,	Inc.	P.O. Box	728, Ho	bbs, NM	88240			
address of previous operator										•	
DESCRIPTION OF WELL	AND LEAS	<u>SE</u>		Yload	na Farmatian		Kind 4	of Lease	L	ease No.	
ase Name Well No. Pool Name, Includi Werrs Langlie Mattix Unit 63 Langlie Ma							State, Federal or Fee		1431		
Myers Langlie Mattix	Unit	<u>63</u>	Lan	gire M	actix on	QN				<u> </u>	
cation	11.	. (λ)	. 6	/a/) E-	et From The	E	Line	
Unit Letter	_:_(010) ()	Feet Fr	om The	/ LIDA	and	re	et Fiom the			
Section 36 Townsh	. 23.	4	Range	261		ирм.	Lea			County	
Section C/W Iownsh	$\mathbf{p} = \alpha \cup$		TOBUE	<u> </u>							
DESIGNATION OF TRAN	NSPORTER	OF O	(L AN	D NATU	RAL GAS						
me of Authorized Transporter of Oil	,	or Conden	sale		Address (Give address to which approved copy of this form is to be sent)						
Injection .											
me of Authorized Transporter of Casin	ighead Gas		or Dry	Gas	Address (Giv	e address to wi	hich approved	copy of this f	form is to be se	ent)	
					 		13.5				
well produces oil or liquids,	Unit	Unit Sec. T			is gas actually	y connected?	When	When?			
location of tanks.			<u> </u>	ــــــــــــــــــــــــــــــــــــــ	!! ·						
is production is commingled with that	from any other	r lease or	pool, giv	e comming	ling order num	жг. 					
COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	I On wen	- ¦ `	Jas Wen	1			i	i	i	
te Spudded		. Ready to	Prod.		Total Depth	l		P.B.T.D.			
e Spener		Date Compl. Ready to Prod.									
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
forations								Depth Casi	ng Shoe		
								<u> </u>			
	T	UBING,	CASI	NG AND	CEMENTI	NG RECOR	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>			
								 			
			- D T T		<u> </u>			<u> </u>			
TEST DATA AND REQUE	ST FOR A	LLOW	VRLF		. 1	aread top all	oughle for th	is denth or be	for full 24 hou	ars.)	
L WELL (Test must be after			of load	ou ana mus	Producing M	ethod (Flow, p	ump, gas lift,	etc.)	<i>jo. j 2 ·</i>		
te First New Oil Run To Tank	Date of Test	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,0	·			
	Tubing Pressure				Casing Pressure			Choke Size			
ngth of Test	Tubing Flessore				1						
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
ener time manifer and											
A C YYDY I											
AS WELL	Length of T	Cest.			Bbls, Conde	sate/MMCF		Gravity of	Condensate		
inal Prod. Test - MCF/D	Tengui or rest										
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
ong memou (puot, ouck pr.)		•-			1						
	OATE OF	COM	OT TAR	VCE	1				= .		
I. OPERATOR CERTIFIC	CAILUF			1CE	-	OIL COI	NSERV	ATION	DIVISIO	NC	
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 APR 1 1 1991					
is true and complete to the best of my	y knowledge an	nd belief.			Date	Annrove	ed.	APR		<u> </u>	
	-4	. 1			"	2 Whhinas	, u				
Kannin (1	lina	Ton			n	ملاحد الماريقي	on take of t		ning a grant	(·)	
Signature	<u> \ </u>				∥ By_	<u> </u>	1 2 3 1 2 2		<u> 11. 687.343</u> 	7.1	
Bonnie Atwater	Prod	luctio		ch.							
Printed Name 8-91		1665 -	Title		Title)					
4-0:11	915/	/685 <u>-</u> 0	1878 Lephone	No.							

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.

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APR 1 0 1991

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