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Appropriate District Office  
DISTRICT I  
O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
100 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
  
OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Sirgo Operating, Inc.</b>		Well API No. <b>30-025-01477</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"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective <b>4-1-91</b> . Change from <b>Texaco Producing, Inc.</b> to <b>Sirgo Operating, Inc.</b> <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		
Change of operator give name and address of previous operator <b>Texaco Producing, Inc., P.O. Box 728, Hobbs, NM 88240</b>		

DESCRIPTION OF WELL AND LEASE					
Lease Name <b>Myers Langlie Mattix</b>	Unit <b>660</b>	Well No. <b>104</b>	Pool Name, Including Formation <b>Langlie Mattix SR QN</b>	Kind of Lease <b>(State) Federal or Fee</b>	Lease No. <b>B1431</b>
Location Unit Letter <b>B</b> : <b>660</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b> Line Section <b>36</b> Township <b>23S</b> Range <b>36E</b> , NMPM, Lea County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline Co.</b>			Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, NM</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>			Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492, El Paso, TX 79978</b>		
Well produces oil or liquids, or location of tanks.	Unit <b>G</b>	Sec. <b>5</b>	Twp. <b>24S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When?

this production is commingled with that from any other lease or pool, give commingling order number:									
VI. 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.			
Measurements (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

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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>4-8-91</b>	Title <b>915/685-0878</b>
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	
By	
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) Separate Form C-104 must be filed for each pool in multiply completed wells.

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Trial	Control (n = 10)	MCI (n = 10)	AD (n = 10)
1	85	75	65
2	80	70	60
3	75	65	55
4	70	60	50
5	75	65	55

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