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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
E....gy, Minerals and Natural Resources Department

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

In

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1	OTRAN	SPORT OIL	AND NA	TURAL GA		. 51.11			
Operator	i i			API No.						
Sirgo Opera	30-025-									
Address P.O. Box 35	31. Mir	land.	Texas	79702						
Reason(s) for Filing (Check proper box)	<u> </u>	<u> </u>	ICAGD	Oth	et (Please expl	ain)				
New Well	•	Change in Tra	ansporter of:	Ef	fective	4-1-	91 Cha	nge fro	om Texad	
Recompletion	Oil	_ Producting, inc. to sirdo operating,								
Change in Operator	Casinghead	Gas C	ondensate							
If change of operator give name and address of previous operator	exaco I	roduc	ing, Inc	., P.O	. Box 7	28, Ho	bbs, N	M 8824	10	
II. DESCRIPTION OF WELL	ANDIEA	CE.								
	Unit	Well No. Po	ol Name, Includi	ng Formation		Kind	of Lease	L	ease No.	
Myers Langlie Mat					Mattix SR QN State			Federal or Fee LCD30467(h		
Location				* 1						
Unit Letter	_ :198	30 Fe	et From The	Lio Lio	e and <u>66</u>	<u> </u>	et From The		Line	
Section 2 Townsh	ip 24	<u> </u>	inge 36 <i>E</i>	,N	мрм,	Lea			County	
	ich o barre	00000	AND MARKE	DAT CAC					* * * * * * * * * * * * * * * * * * *	
III. DESIGNATION OF TRAN		or Condensate		Address (Giv	e address to w	hich approved	copy of this	form is to be se	nt)	
Name of Authorized Transporter of Oil										
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural G	P.O. Box 1492, El Paso, TX 79978									
If well produces oil or liquids,		Unit Sec. Twp. Rge.			Is gas actually connected? When			7		
give location of tanks.	<u> </u>		24SL 37E	Yes	-,	i				
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	a, give comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)				Ĺ	i	i	İ	<u>i</u>	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
Periorations										
	CEMENTI	NG RECOR	D							
NOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							ļ			
							 			
V. TEST DATA AND REQUE	ST FOR A	LLOWAB	LE	l			1			
				be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
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.)									11 1	
I and of Tan	T. Vine Deep			Casing Press	ine		Choke Size	Choke Size		
Length of Test	luoing Press	Tubing Pressure						,		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
				<u> </u>			<u> </u>	:		
GAS WELL							<u> </u>			
Actual Prod. Test - MCF/D	Length of To	est		Bbis. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tuoing Fressure (Snur-m)			Certific Liceoric (Stim-in)			CHAM ONLY			
ALL ODED ATOD CEDITION	ATE OF	COMPT	ANCE	<u> </u>			<u></u>			
VI. OPERATOR CERTIFIC				کـ ا	JIL 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					OIL CONSERVATION DIVISION					
is true and complete to the best of my	knowledge and	belief.		Date	Approve		一声	10 K	51 +	
0 . 1	- +				• •					
Donnie Muster					By Paul Kautz					
Signature Bonnie Atwater Production Tech.					By Paul Kautz Geologist					
Printed Name / O C	1104		tle	Title		- - 3 .				
4-8-91	915/	685-08	78				•			
Date		Telepho	MDC IVO.	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.

APR 1 0 1991

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