Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departmen.

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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		OTRAN	<u>ISPO</u>	RT OIL	AND NA	URAL GA	<u>.5</u>	Pl Na.			
perator	_						l l	-025 <b>-</b>			
Sirgo Operating	, Inc.						30-	-023-			
Address P.O. Box 3531,	Midland	Texas	79	702							
Reason(s) for Filing (Check proper box)	midiand	Tenao				t (Please expla					
lew Well		Change in T	ransport	er of:	Effe	ctive $4$ -	1-9/Ct	nange fr	om Texac	o Produ	
ecompletion	Oil	ı 🗆 r	ту Gas		to Si	irgo Oper	ating,	Inc.			
hange in Operator	Casinghead	1 G25 🔲 C	ondens	ate 🗌							
change of operator give name	Texaco	Produci	ng.	Inc. I	2.0. Box	728, Hot	bs, NM	88240			
d address of previous operator										•	
. DESCRIPTION OF WELL	L AND LEA	SE		9 1 4			Vind	of Lease	1,4	ease No.	
ease Name Well No. Pool Name, Includin					Ctata			Federal or Fee		Many 1 104	
Myers Langlie Mattix	Unit	208	Lang	lie Ma	attix SR	QN					
coation Unit Letter	. 19	<u>80</u> i	Feet From	m The $oldsymbol{\perp}$	Line	and 199	30_ F	et From The	E	Line	
Section / Towns	hin 24-	5 F	lange_	36	E,M	мрм, ј	Lea			County	
II. DESIGNATION OF TRA	<b>NSPORTE</b>	R OF OIL	AND	NATU	RAL GAS	e address to wh	ich approved	l come of this f	form is to be se	ent)	
lame of Authorized Transporter of Oil		or Condensa	me [		Vortess (CIM	E BOUFESS 10 W/I	ыл аррго <b>че</b> а	copy of this		··-··/	
Injection Con	inghead Con		or Dry C	ias 🗀	Address (Giv	e address to wh	ich approved	copy of this t	form is to be se	ent)	
lame of Authorized Transporter of Cas	ingiread Cas	ب ر	<i>-</i> 15 C	لــا							
f well produces oil or liquids, ve location of tanks.	Unit	Sec.   7	ſwp.	Rge.	Is gas actuall	y connected?	When	7			
this production is commingled with th	at from any oth	er lease or po	ol, give	comming	ling order num	ber:					
V. COMPLETION DATA									1:		
	- (2)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u></u>	بل_		Total Depth	<u> </u>	l	BRTD	<u> </u>		
ate Spudded	Date Comp	Date Compl. Ready to Prod.				I com rebui			P.B.T.D.		
	<u> </u>					Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation							runing sepui			
erforations					ــــــــــــــــــــــــــــــــــــــ			Depth Casin	ng Shoe		
CHOISHOUS										·	
	ำ	UBING. C	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBIN					DEPTH SET			SACKS CEMENT			
NOLE SIZE											
										<del></del>	
					J			1			
. TEST DATA AND REQU	EST FOR A	LLOWA	BLE	الديد ال	, ha anual en	e exceed too all.	nuahla for 15	is denth ar ha	for full 24 hou	ers.)	
IL WELL (Test must be after			load o	u and mus	Producing M	ethod (Flow m	emp, eas lift.	elc.)	JUN JAL 24 1101		
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
angth of Test	Tubing De	Tubing Pressure				Casing Pressure			Choke Size		
ength of Test	luoing Pit	I maink i resorte									
ctual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
Second 1 town in section 6 and	3 2018										
GAS WELL											
ACIUAL Prod. Test - MCF/D	Length of	Test			Bbls, Conder	nsate/MMCF		Gravity of	Condensate	· · · · · ·	
								Choke Size			
sting Method (pital, back pr.)  Tubing Pressure (Shut-in)					Casing Press	Casing Pressure (Shut-in)			•		
VI. OPERATOR CERTIF	CATE OF	COMPI	LIAN	CE		011 001	IOEmi	/ATION!	DIMON	<b>7N</b> 1	
I hereby certify that the rules and re	gulations of the	Oil Conserv	ation .			OIL COV	42ほまく	ALION	DIVISION	אוע	
Division have been complied with a	nd that the info	rmation give:	n above			APR 1 1	1001	-	- C - 3		
is true and complete to the best of r	ny knowledge	nd belief.			Date	Approve	d				
2 / \						, ,					
Donne !	mal	L			By_		g. Signed				
Signature Atvistor	Dro	duction	Tec	h.	-	P	aul Kaut Geologist	1			
Bonnie Atwater	110	uuccio!!	Title		Title	_	NACTOR WA	1)			
11 - 8 - 91	915	/685-08				·			· · · · · · · · · · · · · · · · · · ·	:	
Date			phone N	lo.	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.