

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Sirgo-Collier, Inc.**

Address  
**P.O. Box 3531, Midland, Texas 79702**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change of Operator from TEXACO Producing Inc. to Sirgo-Collier, Inc. effective August 1, 1987
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate Gas	

If change of ownership give name and address of previous owner: **TEXACO Producing Inc., P.O. Box 728, Hobbs, NM 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Skelly Penrose "B" Unit</b>	Well No. <b>19</b>	Pool Name, including Formation <b>Langlie Mattix 7-River Queen</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>B</b> : <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b>				
Line of Section <b>5</b> Township <b>23S</b> Range <b>37E</b> . NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

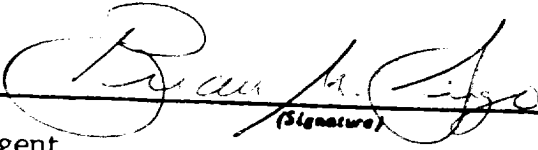
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Injection</b>	
Name of Authorized Transporter of Casinhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.
	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Agent   
(Signature)  
(Title)  
August 5, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 12 1987**, 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled but completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

CONFIDENTIAL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

RECEIVED  
AUG 11 1997  
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HOBBS OFFICE