STATE OF NEW MEXIC SY MO MINERALS DEPAR						Form C-104
DISTRIBUTION	OIL CONSERVATION DIVISION			ON	Revised 10-01-78 Formal 06-01-83	
17A FE		P. 0, 90X 2088			011	Page 1
10A		SANTA FE	E, NEW MEX	LICO 8750	l	
AMEPENTER OIL CAS		REQUE	ST FOR ALLO	WABLE		
MORATION OFFICE	AUTH	ORIZATION TO	AND TRANSPORT O	IL AND NAT	URAL GAS	
Sirgo-Collier	. Inc.				······································	
Address						
P.O. Box 3531	, Midland,	Texas 79702	2			
Reeson(s) for filing (Check prope	-			Other (Plea	e explainj	
New Well	<u> </u>	in Transporter of:	-	Change	of Operator fro	m TEXACO Producing
Change in Ownership		l singhood Gen	Dry Ges Condensete	Inc. to	Sirgo-Collier, 1, 1987	Inc. effective
If change of ownership give name and address of provious owner.	TEXACO I	Producing In	<u>c., P.O. B</u>	ox 728, H	obbs, NM 88240	
I. DESCRIPTION OF WELL	AND LEASE					
Loose Name		. Pool Name, Inclu	ding Formation		Kind of Lease	Legee No.
Skelly Penrose "B"	Uhit 21	Langlie Ma	ttix 7-Riv	er Queen	State, Federal or Fee	Fee
Unit LotterD;	660 Feet F	rom The Nort	h_Line and	990	Feet From The We	st
Line of Section 5	Township 235	S. Ren	• 37E	, NMPL	Lea	County
						County
II. DESIGNATION OF TRAI		OIT VUD NVI	UKAL GAS	(Give address	to which approved copy o	( this form is to be set at
IL. DESIGNATION OF TRA		Condensate				
<b><u>II. DESIGNATION OF TRAN</u></b> Name of Authorized Transporter of Injection	IOU er (					j tili jorn të to be sentj
Nume of Authorized Trensporter of	IOU er (			_	o which approved copy o	

APPRO

## VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of ny knowledge and belief.



OIL CONSERV	ATION DIVISION	
AUG 1	2 1987	10

## 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 AULE 111.

All sections of this form must be filled out completely for sliowable 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 Forma C-104 must be filed for each pool in multiply completed wells.

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