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

District II
P.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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|--|
| Operator Sirgo Operating, Inc. | Well API No. 30-025-10866 ✓ |
| Address P.O. Box 3531, Midland, Texas 79702 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 4-1-91 . Change from Texaco Producing, Inc. to Sirgo Operating, Inc. |
| Change of operator give name and address of previous operator Texaco Producing, Inc., P.O. Box 728, Hobbs, NM 88240 | |

| DESCRIPTION OF WELL AND LEASE | | | | | |
|---|------|-----------|--------------------------------|--|------------------|
| Lease Name | Unit | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
| Myers Langlie Mattix | | 22 | Langlie Mattix SR QN | State | LC-057420 |
| Location Unit Letter K : 1875 Feet From The S Line and 2052 Feet From The W Line Section 28 Township 23S Range 37E , 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"/> Texas New Mexico Pipeline Co. | | | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. | | | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978 | | | |
| Well produces oil or liquids, or location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? | |
| | G | 5 | 24S | 37E | Yes | | |
| If 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 Bonnie Atwater | Production Tech. |
| Printed Name 4-8-91 | Title 915/685-0878 |
| 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.