ubmit 5 Copies
ppropriate District Office
ISTRICT I
O. Box 1980, Hobbs, NM 88240

State of New Mexico Ener 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

ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410

ISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

			Well Af	I No.			
Sirgo Operating, Inc.			30	0-025-10873			
	ting, inc.	<u></u>					
idress P.O. Box 35	31, Midland, Texas	79702					
ason(s) for Filing (Check proper box)		Other (Please explain			_	m	
ew Well	Change in Transporter of:	Effective 4	1-1-91	. Chang	je iro	m Texado	
completion	Oil Dry Gas	Producing,	Inc.	to Sirg	io obe	rating	
ange in Operator	Casinghead Gas Condensate				0024	^	
hange of operator give name address of previous operator	Texaco Producing, Inc	c., P.O. Box 72	8, Hob	bs, NM	8824	<u>U</u>	
•	ANDIRACE						
DESCRIPTION OF WELL	Unit Well No. Pool Name, Includ	ding Formation	Kind of	Lease		ase No.	
Myers Langlie Mat	011110 ~	Mattix SR QN	State, 1	ederal or Fee	<u> L(0</u> :	30187	
ation \circ					<u> </u>		
Unit Letter	: (060 Feet From The _	Line and	<u>}</u> F∞	t From The		Line	
Omit Detter	2.5	75	T 0.0			County	
Section 29 Towns	hip 235 Range $5/$, NMPM,	Lea			County	
	NATE OF AND NATE	UDAL GAS					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS of Authorized Transporter of Oil				copy of this for	n is to be se	nt)	
ime of Authorized Transporter of Oil	P.O. Box 2528	P.O. Box 2528, Hobbs, NM					
Texas New Mexico nne of Authorized Transporter of Casi	inghead Gas X or Dry Gas	Address (Give address to which	h approved	copy of this for			
El Paso Natural			P.O. Box 1492, El			7.8	
well produces oil or liquids,	Unit Sec. Twp. Rge	e. Is gas actually connected?	?				
e location of tanks.	G 5 24S 37E						
his production is commingled with the	at from any other lease or pool, give commin	gling order number:					
. COMPLETION DATA			Deepen	Plug Back S	ame Res'v	Diff Res'v	
To a Completio	Oil Well Gas Well	New Well Workover	Deepen [Ing Dack S	2,,,,,		
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
te Spudded	Date Compi. Ready to 1100.						
evations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay		Tubing Depth				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pa							
riorations				Depth Casing	Shoe	İ	
	TUBING, CASING AN	D CEMENTING RECORD	CEMENTING RECORD		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		3/	ICKS CEM	CIVI	
				 			
				 			
	TOTAL POWER DE			1,,			
. TEST DATA AND REQU	EST FOR ALLOWABLE er recovery of total volume of load oil and mu	ust he equal to or exceed top allo	wable for thi	s depth or be fo	r full 24 hoi	urs.)	
IL WELL (Test must be afte	Date of Test	Producing Method (Flow, pur	np, gas lift, e	etc.)			
ate First New Oil Run To Tank	Date of Yes				<u></u>		
ength of Test	Tubing Pressure	Casing Pressure		Choke Size			
engui or rea				Gas- MCF			
ctual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas- MICF			
				_l			
AS WELL				- 1 × · · ·			
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
				 			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			
				1			
T ODER ATOR CERTIF	TCATE OF COMPLIANCE	OIL CON	ICEDV	וארוראי ו	אוסועוכוי	NΩ	
Themby configured the rules and re	egulations of the Oil Conservation	OIL CON	IOEN V	Y LON I		014	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			1		·····································		
is true and complete to the best of t	my knowledge and belief.	Date Approve	d	MARK I	<u> </u>		
0 . \	1-1-	11					
Sonnie (Mualer	- By	·			· · · · × _p	
Signature	r Production Tech.	11 -					
Bonnie Atwate	r Production lech:	- Title					
Printed Name 8 - 91	915/685-0878	Inte					
Date	Telephone No.	-					
L/GLL	•	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.