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

State of New Mexico Energ., 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 XXX 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 A	Pl No.		1	
perator	Lina T	~~				30	0-025-	25787		
Sirgo Opera	ting, 1	nc.				 				
idress P.O. Box 35	31. Mid	land,	Texas	79702						
ason(s) for Filing (Check proper box)				_	t (Please expla					
w Well	C		ansporter of:	Eff	ective	4-1-9	l. Chai	nge fro	m Texado	
completion	Oil		ry Gas L	Pro	ducing	, Inc.	to Si	rgo Ope	rating	
ange in Operator	Casinghead (ondensate			00 77-	la la sa NII	м 8824	0	
hange of operator give name address of previous operator	exaco P	roduc	ing, Inc	., P.O.	Box 7	28, HO	DDS, N	M 6024		
DESCRIPTION OF WELL	TION OF WELL AND LEASE				ng Formation Kind			of Lease No.		
ase Name	Unit Well No. Pool Name, Including Formation tix 25 Langlie Mattix SR				SR ON	State (Federal me Fee 1/ / / //			57420	
Myers Langlie Mat	tlX	<u> </u>	Langite	Maccin	DIV DIV					
Unit Letter	_:_188	<u> 30</u> F	eet From The	5_Line	and <u>20</u>	<u>80</u> Fe	et From The.	<u> </u>	Line	
Section 29 Townst	in 22	ス R	ange 37	E , M	лРМ,	Lea			County	
20008 2										
. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS	e address to wh	ish samewad	come of this f	orm is to be see	nt)	
ame of Authorized Transporter of Oil	r∑l °	or Condensa	" \square	Winters (Oth					- ′	
Texas New Mexico	Pipelir	<u>ne Co.</u>	- Day Can [Address (City	BOX 252 e address to wh	o , HOD	copy of this	orm is to be ser	nt)	
ame of Authorized Transporter of Casi	inghead Gas	<u> </u>	r Dry Gas		Box 149					
El Paso Natural (Sec IT	wp. Rge.	Is gas actually		When				
well produces oil or liquids, e location of tanks.	Unit S	Sec. T	24S 37E	Yes	,	i				
his production is commingled with the		r lease or po			xer:					
. COMPLETION DATA	t Hom tary oute.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							_,	
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	<u> </u>		The Dords	<u> </u>	<u> </u>		<u> </u>		
ate Spudded	Date Compl.	, Ready to F	Prod.	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fon	nation	Top Oil/Gas Pay			Tubing Depth			
erforations			· · · · · · · · · · · · · · · · · · ·				Depth Casi	ng Shoe		
							<u> </u>			
	TUBING, CASING ANI				CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SAUNS CEMENT		
							 			
				 	<u></u>		 			
				-	-,		 			
	CCT FOR A	TIOWA	RIF	<u> </u>						
. TEST DATA AND REQUIL WELL (Test must be after	ESI FUR A	ol volume o	f lood oil and musi	t be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
IL WELL (Test must be after alle First New Oil Run To Tank	Date of Test	1		Producing M	ethod (Flow, p	ump, gas lift,	elc.)			
SIC LIER IACM ON VOIL TO 19115		-					10.3-5			
ength of Test	Tubing Pres	sure		Casing Pressure			Choke Size			
				<u> </u>				Gas- MCF		
ctual Prod. During Test Oil - Bbls.				Water - Bbls.						
				<u> </u>						
AS WELL					- A H / A H		I Control	Condencer		
ctual Prod. Test - MCF/D	Length of T	Cest		Bbls. Condensate/MMCF			Gravity of Condensate			
		·		Cooler News	A L D (Chur la)			Choke Size		
sting Method (pitot, back pr.)	Tubing Pres	ssure (Shut-	in)	Casing Pressure (Shut-in)						
		CO) (T)	CTANION							
I. OPERATOR CERTIF	ICATE OF	COMP	LIANCE		OIL COI	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										
Division have been complied with a is true and complete to the best of n	ny knowledge an	nd belief.	· · ·	Det	e Approve	ed			<u> </u>	
				Dail						
Bonnie atwater				By					¥	
Signature			Maala	by-						
Bonnie Atwater	<u>r Prod</u>	uctio	n Tech.		_					
Printed Name	015	/605_0	Title	Title	9					
4-8-91	915/	<u>/685-0</u>	phone No	ll .						

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.