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

## State of New Mexico 61, managerals 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	O TRANS	PORT OIL	AND NAT	JRAL GA	S Well Al	l No			
erator					Well Ar			-025-10892 V		
Sirgo Operat	ing, I	nc.								
P.O. Box 353	ıı. Mid	lland.	Texas 7	79702						
son(s) for Filing (Check proper box)					(Please explai		O1	from	m movado	
w Well		Change in Tra		Eff	ective	4-1-91	. Char	ige Iroi	m Texado rating,	
completion	Oil Casinghead		ndensate	Pro	aucing	, Inc.	00 511	go ope		
ngo m o poress				P.O.	Box 72	28, Hol	obs, NA	1 8824	0	
address of previous operator	exaco E	roduci	119, 1110	. ,					•	
DESCRIPTION OF WELL.	AND LEA	SE	ol Name, Includin	a Formation		Kind o	Clease		se No.	
ise Name	Jnit	Well No.   Po			attix SR QN State, Fe			ederal or Fee LC 0608,25A		
Myers Langlie Matt	:1X		Janquic i	140011				1 /		
Unit Letter	. 33	Fe	et From The	Line	and <i>66</i>	· <u>/</u> Fe	et From The	M	Line	
Section 30 Townshi			$\frac{1}{2}$	<del></del>	РМ,	<u>Lea</u>			County	
DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATUI	RAL GAS	address to wh	ich approved	copy of this fo	orm is to be ser	ч)	
me of Authorized Transporter of Oil	רצו	Of COHOCHE			30x 252					
Texas New Mexico	<u>Pipeli</u>	ne Co.	Dry Gas	Address (Give	address to wh	ich approved	copy of this fo	orm is to be ser	u)	
me of Authorized Transporter of Casin	Suest Co	۰۰ نما		P.O. I	30x 149	2, El	Paso.	<u>TX 7997</u>	<u>'8</u>	
El Paso Natural G well produces oil or liquids,	Unit	Sec. T	wp. Rgc.	Is gas actually	connected?	When				
location of tanks.	i Gi	5L	24SL 37E	Yes						
is production is commingled with that	from any oth	er lease or po	d, give commingli	ing order numb	er:					
COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I OII METI	025 Well			<u>i</u>	İ	<u> </u>		
te Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Form	nation	Top Oil/Gas Pay			Tubing Depth			
Tallous (D. ) Tallous (D. )							Depth Casing Shoe			
riorations										
		TIBING, C	ASING AND	CEMENTI	NG RECOR	ש				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE OILE				<del> </del>			<del> </del>			
				ļ			<del>                                     </del>			
TEST DATA AND REQUE	ST FOR	ALLOWA	BLE	1						
TEST DATA AND REQUEIL WELL (Test must be after	recovery of to	otal volume of	load oil and mus	i be equal to or	exceed top al	lowable for th	is depth or be	for full 24 hou	<u>(F.S.)</u>	
ate First New Oil Run To Tank	Date of To	a a		Producing M	ethod (Flow, p	ump, gas iyi,	eic.)			
				Casing Press	ure		Choke Size			
th of Test Tubing Pressure				Casing Pressure						
ctual Prod. During Test Oil - Bbls.				Water - Bbls	Water - Bbls.			Gas- MCF		
ciual Prod. During Test	0 20	•								
AC WELL							<del></del>	Condenses	<del></del>	
PAS WELL  citial Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
				(Charles)			Choke Size			
sting Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
				<del>ار</del>						
T. OPERATOR CERTIFI	CATE O	F COMP	LIANCE		OIL CO	NSER\	/ATION	DIVISION	אַכ	
I hereby certify that the rules and rep Division have been complied with a	nulations of th	e Oil Conserv	ation	11						
Division have been complied with a is true and complete to the best of m	in mer me im	and belief.	= <del></del>	Dat	e Anprov	ed				
19 HOC and combine to an a second	\_1	. )		11						
Bannie	llus	ater		Bv						
Signature	· Dro	ductic	n Tech.	-, -						
Bonnie Atwater	. PIC	<u>Juliu Cal</u>	Title	Title	9			. <u></u>		
Printed Name 4-8-91	915	5/685-( Tele	878							
Date		Tele	phone No.							

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
- 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.