ubmit 5 Copies
appropriate District Office
STRICT I
O. Box 1980, Hobbs, NM 88240

State of New Mexico En. 3, ! rals 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

DISTRICT III
000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II
10. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator		10 111/	1110					Well	API No.			
Sirgo Operating.	Inc.								)-025- <i>[0</i>	893		
ddress												
P.O. Box 3531, 1	4idland,	Texa	s	797	02	<del></del>	(2)	<del></del>	<del> </del>			
eason(s) for Filing (Check proper box)	Other (Please explain)  Effective 4-1-91. Change from Texaco Produc											
w Well	•	Change in	n Tran	-	roi:		irgo Ope			IOM TEXAL	o rroude	
completion $\Box$	Oil Casinghea	ا ۱۹۵۰	_	densat	. 🗀	LO S.	rigo ope	lating	, Inc.			
hange of operator give name						2 O Por	728 Ho	bbe Ni	M 88240			
address of previous operator	Texaco	Produ	cing	g, J	nc. i	2.0. Box	720, NO	obs, M	1 00240			
DESCRIPTION OF WELL	AND LE	ASE						1		<del></del>	\\\	
se Name Well No. Pool Name, Incli							011	Kin-	Kind of Lease State Federal or Fee  Lease No.  Lease No.			
Myers Langlie Mattix	Unit		La	ang]	lie Ma	attix SR	QN			L. U	1600M-31	
cation	22	2 /				۸۱	19	an	Feet From The	. W/	Line	
Unit Letter	_ :	)[	_ Feet	From	The/	Line	and	<u> </u>	reet From Inc			
Section 30 Townsh	io 2.	35	Ran	ge	37	E N	ирм,	Lea			County	
. DESIGNATION OF TRAI	NSPORTE	ER OF C	IL A	IND	NATU	RAL GAS		Lieb enneau	ed come of this	form is to be se	ent	
	me of Authorized Transporter of Oil or Condensate						e adaress 10 w	писк арргоч	ea copy of this	jam s a oc s	,	
Injection  anse of Authorized Transporter of Casi	nobead Gas		or F	Ory Ga		Address (Giv	e address to w	hich approv	ed copy of this	form is to be se	ent)	
inte of Authorized Transporter of Cast	Igreau Cas		0. 2	,, <del>.</del> .		(0.000)			• • •			
ell produces oil or liquids, Unit Sec. T				p.	Rge.	Is gas actually connected? When			en?	7		
e location of tanks.	_i	<u> </u>				<u> </u>			<del></del>			
his production is commingled with tha	t from any of	her lease o	r pool,	give (	comming	ling order num	ber:					
. COMPLETION DATA		Oil We	u l	Ga	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)	1011 110	i				i	i		<u> </u>	<u> </u>	
ate Spudded		pl. Ready	to Proc	d.		Total Depth			P.B.T.D.	-		
•						Top Oil/Gas Pay				Tubing Depth  Depth Casing Shoe		
evations (DF, RKB, RT, GR, etc.)									Tubing De			
									Depth Cas			
riorations												
	<del></del>	TIBING	i CA	SING	G AND	CEMENTI	NG RECO	RD.				
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
HOLL OILE										<del></del>		
								<del></del>				
THE PLANT IND DEALE	POTE FOR	ALLON	ZARI	F								
TEST DATA AND REQUI	ST FOR	rabil volum	e of lo	ad oil	and musi	t be equal to or	exceed top al	lowable for	this depth or b	e for full 24 hou	ws.)	
IL WELL (Test must be after ate First New Oil Run To Tank	Date of T		2 0) 10			Producing M	ethod (Flow, p	ownp, gas ly	i, elc.)			
		Date of Year							<del></del>	Choke Size		
ength of Test	Tubing Pr	Tubing Pressure				Casing Press	ure		Choke Siz	Choke Size		
						Water - Bbls			Gas- MCI	Gas- MCF		
ctual Prod. During Test	Oil - Bbls.					Water - Dore	•					
						<u> </u>			<del>l</del>	<u></u>		
GAS WELL	<del></del>	r Tross				Bbls Conde	sate/MMCF		Gravity of	f Condensate		
ctual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF						
sting Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	Choke Size		
sont titerior (heart over h. ).												
I. OPERATOR CERTIFI	CATE O	F COM	PLI	AN(	CE			NOCO	VATION	ו טויאופוע	N.	
I hereby certify that the rules and res	ulations of th	e Oil Cons	ervatio	on.		1	JIL CO	ころにて	VAHON	I DIVISIO	<b>JIN</b>	
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.						Date Approved						
RAMA /	Mine	ton									e şa	
Simpling C.	<u>curl</u>	ارتحمر	<u></u>		<del></del>	∥ By_				<del> </del>	<u></u>	
Signature Bonnie Atwater	Pro	oducti			1.							
Printed Name	<b>.</b>	- 160-	Til			Title	)					
4-8-91	91	5/685 <u>-</u> T	<u>(1878</u> elepho		<del></del>							
Date			J. J. P. 100									

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. Separate Form C-104 must be filed for each pool in multiply completed wells.