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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION ANSPORT OIL AND NATURAL GAS

	1	UTRA	MSPC	JA I OIL	MIND INA	STIALON	I Well A	Pl No.		,	
Sirgo Operating, Inc.							30-	025-10	929.		
Sirgo Operating	, 1110.										
P.O. Box 3531, 1	4idland,	Texas	3 7	9702		t (Please expla	; <u>-1</u>	<del></del>			
eason(s) for Filing (Check proper box)			_					ance fr	om Texac	o Produc	
lew Well		Change in	i						Jii Texac	o rroude	
ecompletion	Oil	닏	Dry Ga		to Si	irgo Open	rating,	.nc.			
hange in Operator	Casinghead										
change of operator give name	Texaco	Produc	cing,	Inc. I	2.0. Box	728, Hol	obs, NM	88240		<del></del>	
d address of previous operator										•	
. DESCRIPTION OF WELL	, AND LEA	ISE	Deel M	lama Includi	na Formation		Kind	of Lease		ase No.	
Well No. Pool Name, Including				ttix SR QN State, I			Rederal of Fee				
Myers Langlie Mattix	Unit		Lan	gire m	ALLIX DI	4			<u> </u>		
ocation	22	10		~	A )	and <u>99</u>	/) F	et From The_	$M_{-}$	Line	
Unit Letter	_:@3	10.	_ Feet Fi	rom The	12100	: #19G	٠,	~ 1 10m 1m _		<del></del>	
Section 7 7 Towns	2a	.4	Range	37	E,N	νPM,	Lea			County	
Section Towns	$\frac{\text{iip}}{2}$	· · · ·	- ALLEN								
I. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
ame of Authorized Transporter of Oil	<u></u>	or Conde	nsale		Address (Giv	e address to w	nich approved	copy of this fo	orm is to be se	ent)	
Injection					ļ						
lane of Authorized Transporter of Casi	nghead Gas		or Dry	Gas	Address (Giv	e address 10 wi	hich approved	copy of this fo	xm is 10 De 30	nu)	
-				<del>-,</del>	<del> </del>		When	. 2		<del></del>	
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	l when	1.7			
ve location of tanks.			ـــــــــــــــــــــــــــــــــــ	_l	11						
this production is commingled with the	it from any oth	ier lease of	r pool, gi	ve comming	ing order num						
V. COMPLETION DATA		100.00		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	n - (X)	Oil Wel	)   	Oas Well	1 New Well	1		1	i	İ	
	Date Com	ni. Ready i	n Prod.		Total Depth	J	J	P.B.T.D.	<u> </u>		
ate Spudded	Date Com,	Date Compl. Ready to Prod.									
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
revalions (DP, ACCD, AT, OR, every							I Code Code				
erforations					<u> </u>			Depth Casir	ig Shoe		
						· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	7	TUBING	, CAS	ING AND	CEMENTI	NG RECOR	<u> </u>	<del></del>			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
							_,				
					<u> </u>			_			
			LADIT	,		<del></del>					
TEST DATA AND REQUIL WELL (Test must be after	EST FOR A	ALLUN	ADLE	s Loit and mus	t he equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hos	urs.)	
			2 0) 1000	Oli Grid mile	Producing M	lethod (Flow, p	ump, gas lift,	elc.)			
Date First New Oil Run To Tank	Date of Te	es.				, ,	, -				
1.77.0	Tubing Pr	Tubing Pressure Oil - Bbls.				Casing Pressure  Water - Bbls.			Choke Size		
ength of Test	I doing i										
Actual Prod. During Test	Oil - Bbls								Gas- MCF		
Actual Front During Front	0										
GAS WELL	I somb of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Lengui ot	Length of Test							· ·		
Delica Markad dallas kask and	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
esting Method (pitot, back pr.)		•	•								
	TO A TITE OF	E CON	TDT TA	NCF	7[				D1/401/	<b>~</b> N!	
VI. OPERATOR CERTIF	ICATEO	r COM		TACT		OIL CO	NSERV	/ATION	DIVISION	NC	
I hereby certify that the rules and re Division have been complied with a	guiations of the	ormation 2	iven abo	ve							
is true and complete to the best of r	ny knowledge	and belief.	,		Dat	e Approv	ed	<u>ģ</u>			
^ /	$\triangle$ 1	1			Dai	C , ippiovi					
KAnnie	1Tu	ate	<u> </u>		B.,	Callin	ng ar i jêdir.		. TREATH	4	
Signature	//////			1.	By-	Galia	11.51.60		i Ak	<u></u>	
Bonnie Atwater	Pro	oducti			11						
Printed Name		- 1605	Title		Title	9				<u>., ., ., ., .</u>	
	915	5/685 <del>-</del> T	0878 elephone	No.							
Date			Jp000		- 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.