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

## State of New Mexico ergy, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Inc.

ISTRICT II O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. perator 30-025- *10933* Sirgo Operating, Inc. ddress Box 3531, Midland, Texas 79702 P.O. Other (Please explain) eason(s) for Filing (Check proper box) lew Well Change in Transporter of Effective  $\psi$ -1-91. Change from Texado Dry Gas Producing, Inc. to Sirgo Operating, Oil .ecompletion XCasinghead Gas Condensate hange in Operator change of operator give name d address of previous operator 88240 Producing, P.O. Box 728, Hobbs, NM Inc., Texaco DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Pool Name, Including Formation Well No. Unit ease Name State, Federal or Fee Langlie Mattix SR Myers Langlie ocation Line Feet From The Unit Letter 39 County Lea NMPM. Township Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate lame of Authorized Transporter of Oil ame of Authorized Transporter of Oil

Texas New Mexico Pipel Box 2528, Hobbs, NM P.O. <u>ine</u> Co Address (Give address to which approved copy of this form is to be sent) or Dry Gas [ iame of Authorized Transporter of Casinghead Gas Box 1492, El Paso, TX 79978 El Paso Natural Gas Co Is gas actually connected? When ? Unit Twp. Rge. well produces oil or liquids, ve location of tanks. 24S 37E Yes G this production is commingled with that from any other lease or pool, give commingling order number: /. COMPLETION DATA Diff Res'v New Well | Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.R.T.D. Date Compl. Ready to Prod rate Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation levations (DF, RKB, RT, GR, etc.) Depth Casing Shoe eriorations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET **HOLE SIZE** TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) IL WELL Producing Method (Flow, pump, gas lift, etc.) ate First New Oil Run To Tank Date of Test Choke Size Casing Pressure ength of Test Tubing Pressure Gas- MCF Water - Bbls. ctual Prod. During Test Oil - Rbls **JAS WELL** Gravity of Condensate Bbls. Condensate/MMCF ctual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) sung Method (pitot, back pr.) 1. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above APR 1 1 1991 is true and complete to the best of my knowledge and belief. Date Approved \_ ORIGINAL HONED HE uProduction Tech. Bonnie Atwater Title Printed Name Title.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

-0878Telephone No.

- 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.