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Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 FEOD ALLOWARD E AND ALITHODIZATION

	REQU	JESTFO	HALL	OWAE	SLE AND A	AUTHORI	ZATION				
		TOTRA	NSPO	RTOIL	AND NA	URAL G	AS Well A	PI Na			
perator							1	-025- /Č	951		
Sirgo Operating	z, inc.				<del></del>		1 30-	1023- 70	101		
Address P.O. Box 3531,	Midland	Tevas	79	702							
Reason(s) for Filing (Check proper box		TCAGO		, 02		r (Please expl					
lew Well	,	Change in 7	(ransport	ter of:	Effe	ctive $4_{-}$	.1-9/ Ct	ange fr	om Texa	co Produ	
Recompletion	Oil		Dry Gas				rating,				
hange in Operator	Casinghea	d Gas 🔲 (	Condens	ate 🗌							
change of operator give name d address of previous operator	Техасо	Produc	ing,	Inc. I	2.0. Box	728, Ho	bbs, NM	88240	<u> </u>	<del> </del>	
. DESCRIPTION OF WEL	L AND LE	ASE									
ease Name	e Name Well No. Pool Name, Includin					State			Lease No.		
Myers Langlie Matti	x Unit	1171	Lang	lie Ma	attix SR	QN	States	Teachar III	LCD	65722	
Ocation Unit Letter	_:_61	6D_	Feet Fro	m The	<u> </u>	and	60_ Fe	et From The	M	Line	
Section 34 Town	ship 23	<u>5</u>	Range	37	E,N	мрм,	Lea			County	
II. DESIGNATION OF TRA	ANSPORTE	R OF OI	L AND	NATU	RAL GAS						
lame of Authorized Transporter of Oi		or Condens	ate [		Address (Give address to which approved copy of this form is to be sent)						
Injection			n D=: 0	300	Address (City	e address to	hick anneauch	com of this	form is to be se	ent)	
lame of Authorized Transporter of Ca	singhead Gas		or Dry C				men approved	COPY OF INES	Um a w ve se	, 	
f well produces oil or liquids, we location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuali	y connected?	When	?			
this production is commingled with the	nat from any oth	er lease or p	ool, give	comming	ling order num	ber:					
V. COMPLETION DATA					1				To . 5 . t.	Diff. Dealer	
Designate Type of Completic		Oil Well	i	as Well	New Well	Workover	Deepen	İ	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
	TUBING, CASING AND				CEMENTING RECORD			T			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								<del> </del>			
					<u> </u>	<del></del>		<del> </del>			
		<del></del>				· · · · · · · · · · · · · · · · · · ·			·		
. TEST DATA AND REQU	IEST FOR A	ALLOWA	BLE		<u></u>			<u> </u>			
IL WELL (Test must be aft	er recovery of to	otal volume o	of load o	il and musi	be equal to or	exceed top al	lowable for the	is depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Te		<del>-</del>		Producing M	ethod (Flow, p	ownp, gas lift,	eic.)			
								10-1-0			
ength of Test	Tubing Pro	essure			Casing Press	ure		Choke Size	;		
								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	•			Water - Bbis	•					
GAS WELL					I						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	1821e/MMCF		Gravity of	Condensate		
									Chake Size		
esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				ure (Shut-in)		Choke Size	:		
		7.000.00		CE	<del></del>		·				
VI. OPERATOR CERTIF	ICATE OF	COMP.	LIAN	CE	(	OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and rules on have been complied with:	guiations of the	Oil Conserve	rauon n above								
Division have been complied with it is true and complete to the best of it	my knowledge t	ind belief.			Date	Δnnrov	ed		k j		
0	AL	_1			Date	2 Whhinai		<u></u>			
Donnie (	Mus	ate	Ŋ		D.	ORIG	INAL SIGN	ED BY JER	SY SEXTO	V	
Signature	n	duction	Тос	 h	By_						
Bonnie Atwater	Pro	duction	Title	11.	Tiala						
Printed Name ( 291	915	/685-08	378		וווופ					<del></del>	
Date		Tele	phone N	0.							

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.