Submit 5 Copies
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

In

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.		TO TRA	NS	PORT OIL	AND NA	TUHAL GA		nt Ma			
Operator Sirgo Opera				MINO. 0-025-	ļ						
Address	cing,	1110.						•			
P.O. Box 35	31, Mi	dland	,	<u> Texas</u>	79702	er (Please expl	nin1				
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	sporter of:		•) / Char	ngo fro	m Tovad	
Recompletion	Oil		Dry							m Texaderating,	
Change in Operator	Casinghea	d Gas 🔲	Cond	densate 🗌	F 1.		, 1110.				
f change of operator give name und address of previous operator	exaco	Produ	cir	ng, Inc	., P.O	. Box 7	28, Ho	bbs, N	M 8824	0	
II. DESCRIPTION OF WELL	ANDIE	CF								·	
	Unit	Well No.	Pool	Name, Includi	ng Formation			of Lease	1 -	ase No.	
Myers Langlie Mat		118	Lá	anglie	<u>Mattix</u>	SR QN	State,	Federal or Federal	: LC00	057.22	
Location Unit Letter	: 66	·O	Feet	From The	5 Lio	e and 198	30_F	et From The	W	Line	
Section 34 Townshi	.23	<u> </u>	Rang	ge 374	E N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS			2.0			
Name of Authorized Transporter of Oil		or Conden			1	e address to wi				ru)	
Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas						P.O. Box 2528, Hobbs, NM Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural G		لک	J. 2	.,	=	Box 149				1	
If well produces oil or liquids,						y connected?	When	?		,	
give location of tanks.	$\downarrow G \downarrow$	5		<u>4SL 37E</u>	Yes						
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool,	give commingli	ing order num	ber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
	nate Type of Completion - (X)				Total Depth	J.,	<u> </u>	P.B.T.D.	I	<u> </u>	
Date Spudded Date Compl. Ready to Prod.					load Dopai			P.B.1.D.	P.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations		•••			<u> </u>			Depth Casin	g Shoe		
		TIDDIC	CA	CINIC AND	CEMENTT	NG DECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
TIGE OILE											
					<u> </u>						
	 										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E	I			_l			
OIL WELL (Test must be after t	recovery of to	tal volume	of loa	ed oil and must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pr	ump, gas iyi,	etc.)			
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size	Choke Size		
Lengui or 102	Tubing 110	Tubing Treasure									
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	•		Gas- MCF			
GAS WELL	.1				L						
Actual Prod. Test - MCF/D	Length of	Length of Test				sate/MMCF		Gravity of Condensate			
	 					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Structur)			0.0202	····		
VI. OPERATOR CERTIFIC					/		JSERV	ATION	DIVISIO	N	
I hereby certify that the rules and regu	lations of the	Oil Conser	vation	0.110	`					71	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedAPR 1 1 1991						
α	<u> </u>	1			Dale	• •					
Sonnie (Ilwaler					By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Bonnie Atwater Production Tech.					-, -		DISTRICES	201.EMAIS			
Printed Name / O Q1			Title	e	Title	·			·		
Date	915,	/685-1 Tele		e No.							
Date			· r		ـــــالـ						

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.