ubmit 5 Copies
appropriate District Office
bistrict I
10. Box 1980, Hobbs, NM 88240

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

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

ISTRICT II
10. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION PANSPORT OIL AND NATURAL GAS

		UINA	MOPC	JAT OIL	AND IN	511/12 0/	Well A	Pl No.			
Sirgo Operating, Inc.						30-025-10958					
ldress											
P.O. Box 3531, 1	Midland,	Texas	79	9702	Othe	r (Please expla	in)				
uson(s) for Filing (Check proper box)  Change in Transporter of:						Effective 4-1-91. Change from Texaco Producti					
w Well	0"	Change in	Dry Gar			rgo Opei					
completion $\square$	Oil	🗀		_	[0 3]	rrgo oper	. ac				
ange in Operator KX	Casinghea		Conden			700 11 1	I - NW	88240	<del>.</del>		
nange of operator give name address of previous operator	Техасо	Produc	cing,	Inc. I	2.0. Box	728, Hol	obs, NM	00240			
DESCRIPTION OF WELL	AND LEA	ASE	<del>,</del>				1 12:-4	£1	1.	ase No.	
well No. Pool Name, Including						011		of-Lease Federal or Fed	1	60825A	
Myers Langlie Mattix	Unit	20	Lan	glie Ma	attix SR				1 1	0000011	
Unit Letter	_:_90	1D_	_ Feet Fn	om The	<u> </u>	and <u>35</u>	<u> 30                                    </u>	et From The.	$-W_{-}$	Line	
Section 34 Towns	hin 2	۲۲	Range	37/	,NI	MPM,	Lea			County	
		<del>)</del> _			·=						
. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	<u>D NATU</u>	RAL GAS	e address to wi	nich approved	copy of this f	orm is to be se	ni)	
ame of Authorized Transporter of Oil Injection		or conce									
ance of Authorized Transporter of Casi	inghead Gas		or Dry	Gas	Address (Giv	e address to wi	nich approved	copy of this f	orm is to be se	ni)	
well produces oil or liquids,	Il produces oil or liquids.   Unit   Sec.   Twp.   Rge.					y connected?	When	?			
e location of tanks.			İ	<u>i                                     </u>							
his production is commingled with the	at from any ou	ner lease of	r pool, giv	ve comming	ling order num	жг					
. COMPLETION DATA		Oil We	11 (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	n - (X)	1	i		İ		<u> </u>	<u> </u>	<u> </u>		
ue Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
									Depth Casing Shoe		
erforations											
	·	TUBING	, CASI	NG AND	CEMENTI	NG RECOR	D D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
11000 0125								ļ			
								<u> </u>			
								<del> </del>			
. TEST DATA AND REQU	EST FOR	ALLOW	ABLE	,			lawahla faz th	ia danth oe ha	for full 24 hou	ore)	
IL WELL (Test must be afte	r recovery of l	otal volum	e of load	oil and mus	t be equal to o	ethod (Flow, p	umn eas lift.	etc.)	jor juit 24 nou		
ate First New Oil Run To Tank	Date of T	est			Producing M	ediod (Fiow, p	<i>ω</i> , φ, δ, σ, , , , , , , , , , , , , , , , ,	,			
	Tubing Po	Tubing Pressure			Casing Pressure			Choke Size			
ength of Test	I uoing Pr	Tubing Pressure									
ictual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.			Gas- MCF		
								<u></u>			
GAS WELL		2 100			Dhie Conde	nsale/MMCF		Gravity of	Condensate		
ciual Prod. Test - MCF/D	Length of	Length of Test				Bbls, Condensate/MMCF					
	Tubing b	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
esting Method (pitot, back pr.)	Tuoing P	Tuoing Pressure (Sind-m)									
I. OPERATOR CERTIF	ICATE O	F COM	[PLIA]	NCE			NSERV	′ΔΤΙΩΝ	DIVISIO	NC	
I hereby certify that the rules and re	gulations of th	e Oil Cons	ervation				MOLI 1 V				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dot	Date Approved					
is the and complete to the oct of t	1				11						
Bonnie Utwater					Bv	OH OF			o nyma		
Signature Bonnie Atwater	Pro	oducti	on Te	ch.							
Printed Name	1 1		Title		Title	9			·		
4-8-91	91	5/685 <u>-</u>			''''						
Date		7	'elephone	No.	H						

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.