

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.S.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Sirgo-Collier, Inc.**

Address  
**P.O. Box 3531, Midland, Texas, 79702**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Castinthead Gas	Other (Please explain) <b>Change Of Operator from Point Petroleum Corp. to Sirgo-Collier, Inc. 4/1/87.</b>	
<input type="checkbox"/> Recompletion			<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership			<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner **Sirgo Brothers, Inc. P.O. Box 3805, Midland, Tx. 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>W. Dollarhide Queen Sand Unit</b>	Well No. <b>64</b>	Pool Name, including Formation <b>Dollarhide Queen</b>	Kind of Lease State, Federal or Fee <b>Fee LC-</b>	Lease No. <b>062368</b>
Location Unit Letter <b>I</b> : <b>2323</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b> Line of Section <b>5</b> Township <b>25S</b> Range <b>38E</b> . NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

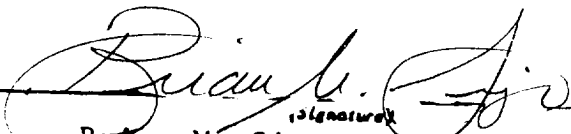
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-NM Pipeline Co. (0055-1828)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, NM, 88240</b>
Name of Authorized Transporter of Castinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>32</b> Twp. <b>24S</b> Rge. <b>38E</b>	Is gas actually connected? <b>No</b> When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
**Brian M. Sirgo, Agent**  
(Title)  
**April 20, 1987**  
(Date)

OIL CONSERVATION DIVISION

**MAY 21 1987**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Paul Kautz**  
**Geologist**  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dbl. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** *(Test must be after recovery of total volume of load oil and must be equal to or exceeding allowable for this depth or be for full 24 hours)*

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RECEIVED  
 MAY 4 1987