abmit 5 Copies
Appropriate District Office
DISTRICT I .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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410

)ISTRICT II '.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRAN	ISPO	RT OIL	AND NAT	URAL GA	S	DI No			
perator Sirgo Operating,							Well A	025- 2	1722	<i>'</i>	
ddress		То	70	702							
P.O. Box 3531, Meason(s) for Filing (Check proper box) ew Well ecompletion hange in Operator		Change in T		ter of:	Effec	r(<i>Please expla</i> ctive 4-1 lrgo Oper	1-91. Ch	ange fro	om Texac	o Produci	
change of operator give name d address of previous operator					.O. Box	728, Hol	obs, NM	88240		<u> </u>	
DESCRIPTION OF WELL	AND LEA	SE		··						ase No.	
ease Name Myers Langlie Mattix	İ	Well No. Pool Name, including				ttix SR QN State, 1			deral or Fee		
Ocation Unit Letter	<u> :_198</u>	30_1	Feet Fro	xm The	5 Line	and <u>66</u>	<u> </u>	et From The _		Line	
Section 30 Townsh	ip <i>2</i> 3	<u> </u>	Range	37/	, NI	ирм,]	Lea			County	
I. DESIGNATION OF TRAI	NSPORTE	R OF OI	L ANI	NATU	RAL GAS				i- to ho or	-()	
lame of Authorized Transporter of Oil Injection		or Condens	ate		Addices (O.	e address to wh					
lane of Authorized Transporter of Casi	is of Althorized Transported of Cashiphon					Address (Give address to which approved copy of this form is to be sent)					
f well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	<i>'</i>			
this production is commingled with tha V. COMPLETION DATA	from any oth			e comming	ing order num	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	Oil Well	_i_		Total Depth	i	<u>i</u>	P.B.T.D.	İ		
Date Spudded	Date Comp	Date Compi. Ready to From				•					
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
'erforations									Depth Casing Shoe		
	7	TUBING, CASING AND C				CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CA	CASING & TUBING SIZE									
			71.5								
TEST DATA AND REQUI	EST FOR I	ALLOW A otal volume	of load	oil and mus	i be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te	Date of Test				Producing Method (Prow, pump, 823 191, etc.)					
ength of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
esting Method (pitot, back pr.)	Tubing Pi	l lubing Pressure (Snut-in)									
/I. OPERATOR CERTIFI 1 hereby certify that the rules and re	rulations of the	e Oil Conser	vation			OIL CO					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date Approved					
Signature Purchasian Teach					Ву	$\int_{1}^{\infty} \frac{\sum_{j=1}^{n-1} \cdots}{z_{j}} dz_{j}$	e de la companya de l		<u>.,</u>	·	
Printed Name 7 915/685-0878					Title	9					
Date		Tel	ephone	No.			•			الم المساول الم	

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.