

Submit 5 Copies  
to Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
300 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Sirgo Operating, Inc.</b>		Well API No. <b>30-025-</b>
Address <b>P.O. Box 3531, Midland, Texas 79702</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective <b>4-1-91</b> . Change from <b>Texaco</b> <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <b>Producing, Inc. to Sirgo Operating, Inc.</b>		
Change of operator give name and address of previous operator <b>Texaco Producing, Inc., P.O. Box 728, Hobbs, NM 88240</b>		

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Myers Langlie Mattix</b>	Unit <b>52</b>	Well No. <b>52</b>	Pool Name, Including Formation <b>Langlie Mattix SR ON</b>	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <b>B</b> : <b>710</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b> Line Section <b>33</b> Township <b>23S</b> Range <b>37E</b> , NMPM, Lea County					

**I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>Texas New Mexico Pipeline Co.</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, NM</b>				
Name of Authorized Transporter of Casinghead Gas <b>El Paso Natural Gas Co.</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492, El Paso, TX 79978</b>				
Well produces oil or liquids, or location of tanks.	Unit <b>G</b>	Sec. <b>5</b>	Twps. <b>24S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When?

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

**VI. COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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

**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 exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**II. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Bonnie Atwater  
Signature  
**Bonnie Atwater** Production Tech.  
Printed Name  
**4-8-91** 915/685-0878  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **APR 11 1991**

By ORIGINAL SIGNATURE OF DISTRICT ENGINEER

Title

**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.