| STATE OF NEW MEXICO                                                                                                                                                                                | τ                                            |                      |                  |                                                                                                                                                                                                   |                                              | Form C-104                          |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------|--------------|--|
|                                                                                                                                                                                                    | AN CONCEPTION DIVISION                       |                      |                  |                                                                                                                                                                                                   |                                              | Revised 10-01-78<br>Format 06-01-83 |              |  |
| DISTRIBUTION                                                                                                                                                                                       | OIL CONSERVATION DIVISION                    |                      |                  |                                                                                                                                                                                                   |                                              |                                     |              |  |
| 11.E                                                                                                                                                                                               | P. O. BOX 2088<br>SANTA FE, NEW MEXICO 87501 |                      |                  |                                                                                                                                                                                                   |                                              |                                     |              |  |
| AND OFFICE                                                                                                                                                                                         | 54                                           | NIA FE, NE           | 11 11 27 1       |                                                                                                                                                                                                   |                                              |                                     |              |  |
| AANSPORTER OIL                                                                                                                                                                                     |                                              |                      |                  |                                                                                                                                                                                                   |                                              |                                     |              |  |
| GAS                                                                                                                                                                                                |                                              | REQUEST FO           |                  | ABLE                                                                                                                                                                                              | •                                            |                                     |              |  |
| NORATION OFFICE                                                                                                                                                                                    | AUTHORIZAT                                   | TION TO TRAN         | AND<br>SPORT OI  | L AND NATU                                                                                                                                                                                        | RAL GAS                                      |                                     |              |  |
| perolof                                                                                                                                                                                            | <u></u>                                      |                      |                  |                                                                                                                                                                                                   | <u> </u>                                     |                                     |              |  |
| Sirgo Operating, In                                                                                                                                                                                | <u>c.</u>                                    |                      |                  |                                                                                                                                                                                                   |                                              |                                     |              |  |
| P.O. Box 3531, Midl                                                                                                                                                                                | and, Texas 7                                 | 9702                 |                  |                                                                                                                                                                                                   |                                              |                                     |              |  |
| oson(s) for filing (Check proper box)                                                                                                                                                              |                                              |                      |                  | Other (Please explain)                                                                                                                                                                            |                                              |                                     |              |  |
| New Well Change in Transporter of:                                                                                                                                                                 |                                              |                      |                  | Change operator name from Sirgo-Collier,                                                                                                                                                          |                                              |                                     |              |  |
| Recompletion                                                                                                                                                                                       | [] 011                                       |                      |                  |                                                                                                                                                                                                   |                                              |                                     |              |  |
| Change in Ownership                                                                                                                                                                                | Casinghea                                    | d Gos [] (           | Condensate       | November                                                                                                                                                                                          | 1, 1988.                                     |                                     |              |  |
| change of ownership give name<br>d address of previous owner<br>DESCRIPTION OF WELL AN                                                                                                             |                                              | er, Inc., P          | .0. Box          | 3531, Mi                                                                                                                                                                                          | dland, Texas 797                             | 702                                 |              |  |
| •ose Name West Dollarhide                                                                                                                                                                          | Well No. Pool                                | Name, Including i    | Formation        |                                                                                                                                                                                                   | Kind of Lease                                |                                     | Lease No.    |  |
| Queen Sand Unit 115 Dollarhide Qu                                                                                                                                                                  |                                              |                      | ueen             |                                                                                                                                                                                                   | State, Federal or Fee S                      | tate                                | B-9312       |  |
| Unit Letter <u>E</u> : 1400                                                                                                                                                                        | )Feot From The                               | North L              | ine and <u>1</u> | 210<br>, nmpm                                                                                                                                                                                     | Fool From The West                           |                                     | County       |  |
| DESIGNATION OF TRANSP                                                                                                                                                                              |                                              |                      | <u>I GAS</u>     |                                                                                                                                                                                                   |                                              |                                     |              |  |
| Gree of Authorized Transporter of Oil (A) or Condensate []<br>Texas-New Mexico Pipeline(0055-1828)                                                                                                 |                                              |                      |                  | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2528, Hobbs, NM 88240                                                                                        |                                              |                                     |              |  |
| ame of Authorized Transporter of Casinghead Gas A or Dry Gas                                                                                                                                       |                                              |                      |                  | Address (Give address to which approved copy of this form is to be sent)                                                                                                                          |                                              |                                     |              |  |
| Phillips Petroleum 66 Nath Das                                                                                                                                                                     |                                              |                      |                  | 820 Plaza Office Bldg., Bartlesville, OK 74004                                                                                                                                                    |                                              |                                     |              |  |
| well produces oil or liquids,<br>ve location of tanks.                                                                                                                                             | Unii S+c.<br>E 32                            | Twp. Rge.<br>24S 38E | Yes              | tually connecte                                                                                                                                                                                   | od?   When<br> <br>                          |                                     |              |  |
| his production is commingled wit                                                                                                                                                                   | h that from any oth                          | er lease or pool.    | give com         | mingling order                                                                                                                                                                                    | numberi                                      |                                     |              |  |
| )TE: Complete Parts IV and V                                                                                                                                                                       | on reverse side i                            | f necessary.         | 14               |                                                                                                                                                                                                   |                                              |                                     |              |  |
| CERTIFICATE OF COMPLIANCE                                                                                                                                                                          |                                              |                      |                  | OIL CONSERVATION DIVISION                                                                                                                                                                         |                                              |                                     |              |  |
| ticeby certify that the rules and regulations of the Oil Conservation Division have<br>n complied with and that the information given is true and complete to the best of<br>knowledge and belief. |                                              |                      |                  | oved                                                                                                                                                                                              | Orig. Sign                                   |                                     | •            |  |
|                                                                                                                                                                                                    |                                              |                      |                  | Paul Kautz                                                                                                                                                                                        |                                              |                                     |              |  |
|                                                                                                                                                                                                    |                                              |                      | TITLE            |                                                                                                                                                                                                   | Geologi                                      | st                                  |              |  |
|                                                                                                                                                                                                    |                                              |                      | П т              | his form is to                                                                                                                                                                                    | be filed in compliance                       | with RULE                           | 1304.        |  |
| Sienaiwe)                                                                                                                                                                                          |                                              |                      |                  | If this is a request for sllowsble for a newly drilled or despend<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111. |                                              |                                     |              |  |
| \gent                                                                                                                                                                                              | •)                                           |                      | AI               | 1 sections of                                                                                                                                                                                     | this form must be filled<br>completed wells. |                                     | ly for allow |  |
| October 12, 1988 (Date)                                                                                                                                                                            |                                              |                      |                  | Fill out only Sections I. II. III, and VI for changes of owner,<br>well name or number, or transporter, or other such change of condition                                                         |                                              |                                     |              |  |

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

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CENTRAL CONTRAL SECTION