

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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 checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Dollarhide Queen Sand Unit	Well No. 134	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee State	Lease No. B-10272
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1080</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>25S</u> Range <u>38E</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88241
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 820 Plaza Office Bldg., Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>32</u> Twp. <u>24S</u> Rge. <u>38E</u>	

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.

Amy L. Whitley  
(Signature)  
Agent  
(Title)  
June 24, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED June 24, 1988, 19  
ORIGINAL SIGNED BY JOEY SEXTON  
BY DISTRICT ENGINEER  
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 X	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 5-27-88	Date Compl. Ready to Prod. 6-21-88	Total Depth 3992'				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) 3115' GR 3126.5' KB	Name of Producing Formation Queen	Top Oil/Gas Pay 3622'				Tubing Depth 3530'			
Perforations 3629-3788'						Depth Casing Shoe 3992'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		415'		250 sx, circ. 50 sx				
7-7/8"	5-1/2"		3992'		875 sx, circ. 150 sx				
	2-7/8"		3530'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 6-21-88	Date of Test 6-24-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 25#	Choke Size N/A
Actual Prod. During Test 129 bbls	Oil-Bbls. 56	Water-Bbls. 73	Gas-MCF 1.2

#### 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

Sirgo-Collier,  
WDQSU #134-A 6-25-38  
Lea County, N.M.

STATE OF NEW MEXICO  
DEVIATION REPORT

420	1/2
845	3/4
1340	3/4
1867	2 1/4
2365	4
2861	4
3356	4
3855	4

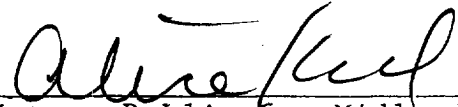
STATE OF TEXAS X

  
By: Ray Peterson

COUNTY OF MIDLAND X

The foregoing instrument was acknowledged before me this 2nd day of  
June, 1988, by Ray Peterson on behalf of  
Peterson Drilling Company.

My Commission expires: 8/2/88

  
Notary Public for Midland County,  
Texas