

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
PROMOTION 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)	Other (Please explain)		
<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	

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.	150	Pool Name, including Formation	Dollarhide Queen	Kind of Lease	State, Federal or Fee State	Lease No.	B-9312
Location									
Unit Letter	H	:	1470	Feet From The	North	Line and	100	Feet From The	East
Line of Section	5	Township	25S	Range	38E	, 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"/>	Texas-New Mexico Pipeline Company			Address (Give address to which approved copy of this form is to be sent) P.O. Box 3531, Midland, Texas 79702					
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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When			
	E	32	24S	38E	Yes	7-2-88			

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.

Bonnie Atwater
(Signature)
Agent
(Title)
August 16, 1988
(Date)

OIL CONSERVATION DIVISION

AUG 18 '88

APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR
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 allow-
able 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 filled for each pool in multiply
completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-2-88	Date Compl. Ready to Prod. 7-2-88	Total Depth 3991'		P.B.T.D. 3965'					
Elevations (DF, RKB, RT, GR, etc.) GR 3155 KB 3166.5	Name of Producing Formation Queen	Top Oil/Gas Pay 3621' Oil		Tubing Depth 3790'					
Perforations 3621-3641', 3740-3774'							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 $\frac{1}{4}$	8-5/8		409		250 sx., Circ. 60 sx.				
7-7/8	5 $\frac{1}{2}$		2989		800 sx., Circ. 150 sx.				
	2-7/8		3790						

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 7-2-88	Date of Test 7-15-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure 25#	Choke Size NA
Actual Prod. During Test	Oil-Bbls. 240	Water-Bbls. 218	Gas-MCF 1.22

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

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JUN 17 1988

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