

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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)  
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>West Dollarhide Queen Sand Unit</i>	Well No. <i>38-72</i>	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee	Lease No. FED LC-067968
Location Unit Letter <i>P</i> ; <i>150</i> Feet From The <i>South</i> Line and <i>150</i> Feet From The <i>East</i> Line of Section <i>30</i> Township <i>24S</i> Range <i>38E</i> , NMPM, <i>Lea</i> 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) Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No

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.

*[Signature]*  
(Signature)  
Agent  
(Title)  
7/24/ 87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED *JUL 29 1987*, 19\_\_\_\_\_  
BY *ORIGINAL SIGNED BY JERRY SEXTON*  
TITLE *DISTRICT I SUPERVISOR*

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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-27-87	Date Compl. Ready to Prod. 7-9-87		Total Depth 3867'		P.B.T.D. 3790'				
Elevations (DF, RKB, RT, CR, etc.) 3155' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3739'		Tubing Depth 3895				
Perforations 3739-42, 44-47, 51-52						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 $\frac{1}{2}$	8-5/8		418		250 sx. Class "C"				
7-7/8	5 $\frac{1}{2}$		3867						
	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 7-9-87	Date of Test 7-12-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure 75	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 126	Water - Bbls. 146	Gas - MCF TSTM

#### 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

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 JUL 28 1987  
 OCD  
 HOBBS OFFICE

Sirgo-Collier, Inc.  
WDQSU #30-72  
Lea County, N.M.

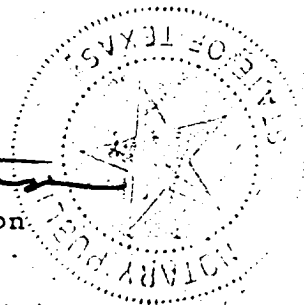
STATE OF NEW MEXICO  
DEVIATION REPORT

418	1
909	1
1147	1
1438	1
1739	3/4
2027	3/4
2337	2 1/4
2423	2 1/2
2543	2 1/2
2699	1 3/4
2949	1
3167	3/4
3667	1/4
3867	1/4

STATE OF TEXAS    X

COUNTY OF MIDLAND   X

By: Ray Peterson



The foregoing instrument was acknowledged before me this 6th day of July, 19 87, by Ray Peterson on behalf of Peterson Drilling Company.

Alice Keel  
Notary Public for Midland County,  
Texas

My Commission expires: 8/2/88