

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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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, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
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 West Dollarhide	Well No. 31-74	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee Fed	Lease No. LC-069052
Location Unit Letter B : 1250 Feet From The North Line and 2500 Feet From The East Line of Section 31 Township 24S 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 Co.	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.

Leahy S. Gillin
Agent (Signature)
7/24/87 (Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 29 1987**
BY **Paul Kautz**
TITLE **Geologist**

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 7-10-87	Date Compl. Ready to Prod.		Total Depth 3866'		P.B.T.D. 3783				
Elevations (DF, RKB, RT, GR, etc.) 3108 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3568		Tubing Depth 3639				
Perforations 3572 - 3609						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8-5/8		398						
7-7/8	5 1/2		3866		800 Halliburton lite				
	2-7/8		3639		+ 200 sx Class "C"				

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 7-24-87	Date of Test 7-24-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil-Bbls. 232	Water-Bbls. -0-	Gas-MCF 80

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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 HOBS OFFICE

Sirgo-Collier, In
WDQSU 31-74
Lea County, N.M.

STATE OF NEW MEXICO
DEVIATION REPORT

398	3/4
850	3/4
1377	1 1/2
1852	3/4
2100	2 1/4
2215	3 3/4
2465	3 3/4
2659	2 1/2
2838	2 1/2
3085	2
3605	2
3637	2


STATE OF TEXAS X

COUNTY OF MIDLAND X

The foregoing instrument was acknowledged before me this 20th day of
July, 19 87, by Ray Peterson on behalf of
Peterson Drilling Company.

My Commission expires: 8/2/88

By: Ray Peterson


Alice Keel
Notary Public for Midland County,
Texas