

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2028  
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

Operator Sirgo Operating, Inc.	
Address P.O. Box 3531, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input 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
Change name from Sirgo-Collier, Inc. to Sirgo Operating, Inc. effective November 1, 1988	

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. 75	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC-067968
Location				
Unit Letter <u>J</u> ; <u>2300</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>24S</u> Range <u>38E</u> , 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 (0055-1828)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum 66 Natl Gas	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 E	Sec. 32
	Twp. 24S	Rge. 38E
	Is gas actually connected? Yes	

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)  
November 29, 1988  
(Date)

OIL CONSERVATION DIVISION

JAN 25 1989

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Paul Kautz  
Geologist  
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.

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