

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Approval to transport 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 Queen Sand Unit	Well No. 77	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee Federal	Lease No. LC-067968
Location				
Unit Letter <u>0</u> : <u>1100</u> Feet From The <u>South</u> Line and <u>2450</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>24-S</u> Range <u>38-E</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 Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88241
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.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>32</u> Twp. <u>24-S</u> Rge. <u>38-E</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)
8-18-87
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 25 1987, 19_____
BY ORIGINAL SIGNED BY JERRY SIXTON
DISTRICT I 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 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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AUG 21 1987
QCE
HOBBS OFFICE

IV. COMPLETION DATA

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 7-31-87		Date Compl. Ready to Prod. 8-14-87		Total Depth 3873'			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.) GL 3120' KB 3131.5'		Name of Producing Formation Queen		Top Oil/Gas Pay 3584'			Tubing Depth 3677.70'		
Perforations 3602-14' 24 holes							Depth Casing Shoe 3869'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	425'	250 sx Class C + 2% CaCl
			Circ. 60 sx
7-7/8"	5-1/2"	3869'	800 sx Hal-Lite + 200 sx
			Class C cement, 15# slt, 1/4# floccul 2% CaCl ₂ , Circ. 138 sx to pit

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 8-14-87	Date of Test 8-14-87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 200#	Casing Pressure	Choke Size 24/64
Actual Prod. During Test 630 bbls	Oil - Bbls. 480	Water - Bbls. 150	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

Sirgo-Collier, Inc.
WDQSU #30-77
Lea County, N.M.

STATE OF NEW MEXICO
DEVIATION REPORT

425	1/2
900	1
1380	3/4
1810	3/4
2220	2
2623	2 1/2
2839	1/2
3223	2
3659	1 1/2
3873	1 3/4

STATE OF TEXAS I


By: Ray Peterson

COUNTY OF MIDLAND I

The foregoing instrument was acknowledged before me this 12th day of
August, 19 87, by Ray Peterson on behalf of
Peterson Drilling Company.

My Commission expires: 8/2/88



Notary Public for Midland County,
Texas