

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

Operator: Sirgo Operating, Inc.

Address: P.O. Box 3531, Midland, Texas 79702

Reason(s) for filing (Check proper box):  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Gashead Gas  
 Dry Gas  
 Condensate  
 Other (Please explain): Change operator name from Sirgo-Collier, Inc. to Sirgo Operating, Inc. effective November 1, 1988.

Change of ownership give name and address of previous owner: Sirgo-Collier, Inc., P.O. Box 3531, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Well Name: <u>West Dollarhide Queen Sand Unit</u>	Well No.: <u>85</u>	Pool Name, including Formation: <u>Dollarhide Queen</u>	Kind of Lease: <u>State, Federal or Fee State</u>	Lease No.: <u>B-9519</u>
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Location:  
 Unit Letter L; 1400 Feet From The South Line and 1000 Feet From The West  
 Line of Section 29 Township 24S Range 38E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline(0055-1828)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum 66 Natl Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>820 Plaza Office Bldg., Bartlesville, OK 74004</u>
Well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>32</u> Twp. <u>24S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u> When _____

If its 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.

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 Ottwater  
 (Signature)  
 \_\_\_\_\_  
 Agent (Title)  
October 12, 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.