

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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, Texas 79702**

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:  
☐ Oil ☐ Dry Gas ☐ Condensate  
☐ Casinghead Gas

Other (Please explain): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-10-87 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>West Dollarhide Queen Sand Unit</b>	Well No. <b>85</b>	Pool Name, including Formation <b>Dollarhide Queen</b>	Kind of Lease <b>State, Federal or Fee State</b>	Lease No. <b>B-9519</b>
Location Unit Letter <b>L</b> ; <b>1400</b> Feet From The <b>South</b> Line and <b>1000</b> Feet From The <b>West</b> Line of Section <b>29</b> Township <b>24-S</b> Range <b>38-E</b> , 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"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528, Hobbs, NM 88241</b>
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
	<b>E 32 24-S 38-E</b>

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)  
10-12-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 19 1987**, 19  
BY **Eddie W. Seay**  
TITLE **Oil & Gas Inspector**

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 filled for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
		X		X					
Date Spudded 9-27-87	Date Compl. Ready to Prod. 10-10-87	Total Depth 3990'				P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) GL 3187' KB 3198.5'	Name of Producing Formation Queen	Top Oil/Gas Pay 3690'				Tubing Depth 3880'			
Perforations 3712-78'						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		416'		250 sx, circ. 60 sx			
7-7/8"		5-1/2"		3990'		1000 sx, circ. 30 sx			
		2-7/8"		3880'					

#### 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 10-10-87	Date of Test 10-12-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure	Choke Size N/A
Actual Prod. During Test 297 bbls	Oil-Bbls. 85	Water-Bbls. 212	Gas-MCF 45

#### GAS WELL

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

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