

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

Operator SIRGO-COLLIER, INC.		
Address P. O. Box 3531, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-5-87 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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. 83	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee State	Lease No. B-9519
Location Unit Letter <u>E</u> ; <u>1700</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>24-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P. O. Box 2528, Hobbs, NM 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.	Unit Sec. Twp. Rge. E 29 24-S 38-E
Is gas actually connected?	When

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.

Carmy L. Whittley
(Signature)
Agent
(Title)
10-12-87
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19_____
BY _____
TITLE _____

This form is to be filled 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded 9-12-87	Date Compl. Ready to Prod. 10-5-87		Total Depth 4076'		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) GL 3213' KB 3224.5'		Name of Producing Formation Queen		Top Oil/Gas Pay 3786'		Tubing Depth 3960'			
Perforations 3814-3858'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		450'		250 sx, circ. 22 sx			
7-7/8"		5-1/2"		4076'		1000 sx, circ. 230 sx			
		2-7/8"		3960'					

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 10-5-87	Date of Test 10-8-87	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 150	Oil-Bbls. 47	Water-Bbls. 103	Gas-MCF 35

GAS WELL

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

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