

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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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
☐ Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-1-88
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 <u>West Dollarhide</u> <u>Queen Sand Unit</u>	Well No. <u>90</u>	Pool Name, Including Formation <u>Dollarhide Queen</u>	Kind of Lease State, Federal or Fee State <u>State</u>	Lease No. <u>B-9613</u>
Location Unit Letter <u>E</u> ; <u>1690</u> Feet From The <u>North</u> Line and <u>1060</u> Feet From The <u>West</u> Line of Section <u>32</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"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, NM 88241</u>	
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 <u>E</u>	Sec. <u>32</u>
	Twp. <u>24S</u>	Rge. <u>38E</u>
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.

Amy L. Whitley
(Signature)
Agent
(Title)
11-30-87
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 4 1987, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY DISTRICT 1 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-2-87	Date Compl. Ready to Prod. 11-23-87	Total Depth 3975'			P.B.T.D. N/A				
Elevations (DF, RKB, RT, GR, etc.) GL 3162' KB 3173.5'	Name of Producing Formation Queen	Top Oil/Gas Pay 3610			Tubing Depth 3636.42'				
Perforations 3616-3704' & 3724-3738'						Depth Casing Shoe 3975'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		412'		250 sx, circ. 42 sx			
7-7/8"		5-1/2"		3975'		1000 sx, circ. 200 sx			
		2-7/8"		3636.42'					

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 11-13-87	Date of Test 11-21-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 25#	Choke Size N/A
Actual Prod. During Test 306 bbls	Oil-Bbls. 206	Water-Bbls. 100	Gas-MCF 30

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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Sirgo-Collier, Inc.
WDQSU #32-90
Lea County, N.M.

STATE OF NEW MEXICO
DEVIATION REPORT

1690/N + 1060/W

32-24-38

416	1/4
900	1
1411	1 3/4
1872	1 3/4
2123	2 3/4
2402	3
2642	3 1/4
2893	1 3/4
3399	1/2
3526	1/2
3975	1/2

STATE OF TEXAS X

By: Ray Peterson
Ray Peterson

COUNTY OF MIDLAND X

The foregoing instrument was acknowledged before me this 11th day of
November, 19 87, by Ray Peterson on behalf of
Peterson Drilling Company.

My Commission expires: 8/2/88

Alice Keel
Notary Public for Midland County,
Texas