

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	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)

☒ New Well ☐ Recompletion ☐ Change in Ownership

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

Other (Please explain)

If change of ownership give name
and address of previous owner

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-1-88
UNLESS AN EXCEPTION TO RULE
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Dollarhide Queen Sand Unit	Well No. 91	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee State	Lease No. B-9311
Location Unit Letter <u>L</u> ; <u>1500</u> Feet From The <u>South</u> Line and <u>130</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>24-S</u> Range <u>38-E</u> , NMPLM, 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 Company	Address (Give address to which approved copy of this form is to be sent) 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. Is gas actually connected? When
E 32 24S 38E	

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 9 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'y.	Dill. Res'y.
Date Spudded 11-8-87	Date Compl. Ready to Prod. 12-03-87		Total Depth 3900'		P.B.T.D. N/A				
Elevations (DF, RKB, RT, GR, etc.) GL 3135' KB 3146.5'		Name of Producing Formation Queen		Top Oil/Gas Pay 3562'		Tubing Depth 3505'			
Perforations 3603-3632' and 3658-3748'						Depth Casing Shoe 3900'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		416'		250 sx, circ. 15 sx			
7-7/8"		5-1/2"		3900'		1000 sx, did not circ.,			
						top at 190' by CBL			
		2-7/8"		3505'					

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 full depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-20-87	Date of Test 11-22-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure 25#	Choke Size 20/64
Actual Prod. During Test 284 bbls	Oil - Bbls. 234	Water - Bbls. 50	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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