

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name  
and address of previous owner

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12-7-88  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Dollarhide Queen Sand Unit</u>	Well No. <u>92</u>	Pool Name, including Formation <u>Dollarhide Queen</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>I</u>	<u>1360</u> Feet From The <u>South</u> Line and <u>970</u> Feet From The <u>East</u>				
Line of Section <u>31</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"/> <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   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<u>E</u>   <u>32</u>   <u>24S</u>   <u>38E</u>

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)  
12-07-87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED DEC 9 1987, 19  
BY ORIGINAL SIGNED BY JERRY CEXTON  
TITLE DISTRICT SUPERVISOR

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'ty.	Diff. Res'ty.
Date Spudded 11-9-87	Date Compl. Ready to Prod. 11-26-87		Total Depth 3952'		P.B.T.D. N/A				
Elevations (DF, RKB, RT, CR, etc.) GL 3121' KB 3132.5'		Name of Producing Formation Queen		Top Oil/Gas Pay 3584'		Tubing Depth 3588'			
Perforations 3623-3682' & 3747-3764'						Depth Casing Shoe 3952'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		413'		250 sx, circ. 100 sx				
7-7/8"	5-1/2"		3952'		1200 sx, circ. 225 sx				
	2-7/8"		3588'						

#### 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 11-19-87	Date of Test 11-26-87	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 534 bbls	Oil - Bbls. 284	Water - Bbls. 250	Gas - MCF 32

#### 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