

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 <u>Sirgo Operating, Inc.</u>	
Address <u>P.O. Box 3531, Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change operator name from Sirgo-Collier, Inc. to Sirgo Operating, Inc. effective November 1, 1988.

Change of ownership give name and address of previous owner Sirgo-Collier, Inc., P.O. Box 3531, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE				
Well Name <u>West Dollarhide</u>	Well No. <u>93</u>	Pool Name, including Formation <u>Dollarhide Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-9613</u>
Location Unit Letter <u>F</u> : <u>1540</u> Feet From The <u>North</u> Line and <u>2450</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>24S</u> Range <u>38E</u> , NMPM, Lea County				

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)			
<u>Texas-New Mexico Pipeline(0055-1828)</u>			<u>P.O. Box 2528, Hobbs, NM 88240</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips Petroleum 66 Natl Gas</u>			<u>820 Plaza Office Bldg., Bartlesville, OK 74004</u>			
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>	<u>Yes</u>	

his 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.

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.

Bonnie Attwater
(Signature)
Agent
(Title)
October 12, 1988
(Date)

OIL CONSERVATION DIVISION
JAN 25 1989
APPROVED _____, 19____
BY Paul Kautz
Geologist
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.

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