

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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U.S.D.S.		
LAND OFFICE		
TRANSPORTER	OIL	
OPERATOR	GAS	
PROMOTION OFFICE		

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"/> 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

Other (Please explain)

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. 99	Pool Name, including Formation Dollarhide Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter 0 : 1130 Feet From The South Line and 2110 Feet From The East				
Line of Section 31 Township 24S Range 38E, 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"/> 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 417 Home Savings & Loan Bldg, Bartlesville OK 7400
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
E 32 24S 38E	Yes January 19, 1988

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)

January 28, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 1 1988, 19

BY *Paul Kutz*
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-7-87	Date Compl. Ready to Prod. 1-17-88		Total Depth 4015'		P.B.T.D. 3910'				
Elevations (DF, RKB, RT, GR, etc.) 3120' GR 3131.5' KB		Name of Producing Formation Queen		Top Oil/Gas Pay 3655'		Tubing Depth 3678.60'			
Perforations 3675-3728' & 3746-3794'						Depth Casing Shoe 4015'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		414'		250 sx, circ. 60 sx			
7-7/8"		5-1/2"		4015'		1208 sx, circ. 200 sx			
		2-7/8"		3678.6'					

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 1-4-88	Date of Test 1-25-88	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 292 bbls	Oil-Bbls. 259.88	Water-Bbls. 32.12	Gas-MCF 15

GAS WELL

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

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