

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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

Operator Sirgo-Collier, Inc.	
Address P. O. Box 3531, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-1-88 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 West Dollarhide Queen Sand Unit	Well No. 95	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>2630</u> Feet From The <u>South</u> Line and <u>910</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>24S</u> Range <u>38E</u> , N.M.P.M., <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"/> 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 88241-2528					
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 E	Sec. 32	Twp. 24S	Req. 38E	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)
January 8, 1988
(Date)

OIL CONSERVATION DIVISION

JAN 18 1988

APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY _____
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 allow-
able 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 filled 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'tv.	Dill. Res'tv.
Date Spudded 11-25-87	Date Compl. Ready to Prod. 12-23-87	Total Depth 3970'			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3155' GR 3166.5' KB	Name of Producing Formation Queen	Top Oil/Gas Pay 3597'			Tubing Depth 3550.77'				
Perforations 3634-3752'						Depth Casing Shoe 3968'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		411'		250 sx, circ. to surface				
7-7/8"	5-1/2"		3970'		1485 sx, circ. 200 sx				
	2-7/8"								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 12-8-87	Date of Test 12-31-87	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 457 bbls	Oil - Bbls. 41	Water - Bbls. 416	Gas - MCF 42

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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