

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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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 <b>Sirgo-Collier, Inc.</b>	
Address <b>P. O. Box 3531, Midland, Texas 79702</b>	
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"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-1-88 UNLESS AN EXCEPTION TO 8-4070 IS OBTAINED.</b>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>West Dollarhide Queen Sand Unit</b>	Well No. <b>97</b>	Pool Name, including Formation <b>Dollarhide Queen</b>	Kind of Lease State, Federal or Fee State	Lease No. <b>B-9311</b>
Location				
Unit Letter <b>K</b> ; <b>2607</b> Feet From The <b>South</b> Line and <b>2457</b> Feet From The <b>East-west</b>				
Line of Section <b>32</b> Township <b>24S</b> Range <b>38E</b> , 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"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528, Hobbs, NM 88241</b>
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
<b>E 32 24S 38E</b>	<b>No</b>

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 15, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 18 1988**  
ORIGINAL SIGNED BY JERRY SEXTON  
BY \_\_\_\_\_ 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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded 11-30-87	Date Compl. Ready to Prod. 12-28-87		Total Depth 4000'		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) 3183' GR 3194.5' KB		Name of Producing Formation Queen		Top Oil/Gas Pay 3628'		Tubing Depth 3610'			
Perforations 3667-3700' & 3746-3789'						Depth Casing Shoe 4000'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		425'		250 sx, circ 60 sx				
7-7/8"	5-1/2"		4000'		1000 sx, circ 273 sx				
	2-7/8"		3610'						

#### 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 12-28-87	Date of Test 1-11-88	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 81 bbls	Oil-Bbls. 21	Water-Bbls. 60	Gas-MCF 15

#### 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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