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TRANSPORTER	OIL		
	GAS		
OPERATOR	OPERATOR		
PRORATION OFFICE			

### OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

#### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

nd, Texas 79	702				
	······································	Other (Pleas	e explainj		
Change in Transpor	ter of:	Change	name from Sirg	o-Collier,	Inc. to
	Dry Gas		-		
Casinghead Ga	s 🚺 Condens				
EASE					
Well No. Pool Nam	e, Including Formatic	n	Kind of Lease		Lease No.
96 Do.	llarhide Quee	n	State, Federal or Fee	Federal	LC-069052
			••••••••••••••••••••••••••••••••••••••		
_Feet From The	North Line and	1700	Feel From The	lest	
p 24S	Range 38E	, NMPN	, Lea		County
TER OF OIL AND	) NATURAL GAS				
		sas (Give address	to which upproved copy	of this form is to	te sent)
(0055-1828)	P.	0. Box 2528	, Hobbs, NM 8	8240	
ead Gas A or Dry		ens (Cive address	to which upproved copy	of this form is to	be sent)
th Das		0 Plaza Off	ice Bldg., Bar	tlesville,	ок 74004
	id, Texas  79    Change in Transpor  011    Oil  Casinghead Ga    EASE  Well No.    96  Do	id, Texas  79702    Change in Transporter of:  Dry Gas    Oli  Dry Gas    Casinghead Gas  Condense    EASE  Condense    Well No.  Pool Name, including Formatic    96  Dollarhide Quee	id, Texas  79702    Change in Transporter of:  Other (Pleas    Oil  Dry Gas  Change    Casinghead Gas  Condensate  Novembor    EASE  Well No.  Pool Name, including Formation  Novembor    96  Dollarhide Queen  1700	ind., Texas  79702    Change in Transporter of:  Other (Please explain)    Oil  Dry Gas    Casinghead Gas  Condensate    Meil No.  Pool Name, including Formation    96  Dollarhide Queen    Feet From The  North Line and    1700  Feet From The    P  24S    Range  38E    or Condensate  Noth Line and    1700  Feet From The    Verification  NMPM,    Lea  Lea    TER OF OIL AND NATURAL GAS    or Condensate  Address (Give address to which upproved copy    (0055-1828)  P.O. Box 2528, Habbs, NM    ead Gas  or Dry Gas	ad, Texas 79702    Change in Transporter of:  Other (Please explain)    Otil  Dry Gas    Casinghead Gas  Condensate    Kind of Lease    Weil No.  Pool Name, including Formation    96  Dollarhide Queen    Feet From The  North Line and    1700  Feet From The    Vest  North Line and    1700  Feet From The    Vest  North Line and    1700  Feet From The    West  Notress (Give address to which approved copy of this form is to address (Give address to which approved copy of this form is to address (Give address to which approved copy of this form is to address to which approved copy of this form is to address to which app

Rge.

24S : 38E

is gas actually connected?

Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

Twp.

Sec.

32

NOTE: Complete Parts iV and V on reverse side if necessary.

#### VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids, give location of tanks.

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.

Unii

П

Bonnie Atwater
(Signature) Agent
(Tule)
November 29, 1988
(Date)

OIL CO	NSERVATION DIVISION	
APPROVED	<u>API 2 E 1989</u>	19
BY	Orig. Signed by Paul Kautz	
TITLE	Paul Kautz Geologist	

This form is to be filed in compliance with RULE 1104.

When

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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OPERATOR			
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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

# REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

T	•
SIRGO-COLLIER, INC.	
Address	
P. O. Box 3531, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Vell Change in Transporter of	Notification of transporter of
Recompletion Oil D	casinghead gas.
Change in Ownership Casinghead Gas	ondenagte
If change of ownership give name	
and address of previous owner	
U DECONTION OF WELL AND LEASE	
11. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease Lease No.
West Dorrainiae	
Queen Sand Unit 96 Dollarhide Que	een Stote, Federal LC-069052
Location	
Unit Letter C 1 990 Feet From The North Lin	we and 1700 Feel From The West
Line of Section 31 Township 245 Range	38E NMPM, Lea County
IL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Oil : or Condensate	Address (Give address to which approved copy of this form is to be sent)
Lev. N. M. Diseline	
Name of Authorized Transporter of Cosinghead Gas XX or Dry Gas	Address (Give address to which opproved copy of this form is to be sent)
Phillips 66 Natural Gas Company	417 Home Savings & Loan Bldg, Bartlesville, OK
If well produces oil or liquids, Unit Sec. Twp. Rgs.	1s gas actually connected? When 74004
give location of tanks. E 32 245 38E	Yes January 19, 1988

If this production is commingled with that from any other lease or pool, give commingling order numbers

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
(Tille)
January 26, 1988
(Date)

OIL CONSERVATION DIVISION	·•
APPROVED JAN 2 8 1988	
BY ORIGINAL SIGNED BY JERRY SEXTON	
TITLE DISTRICT I SUPSAVISOR	

This form is to be filed in compliance with RULE 1104.

If this is a request for sllowable for a newly drilled or despend 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 1. 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.