#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		Γ	
FILE		Ι	
U.8.0.8.			
LAND OFFICE			
TRANSPORTER			
	1		
OPERATOR .		Γ.	
PROBATION OF	NC W		

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

Form C-104 Revised 10-01-78 Format 05-01-63 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 (Plea	se explain)		
XX New Well	Change in Transporter of:				
New Well   Recompletion   Change in Ownership		Dry Gas			
	Casinghead Gas	Condensole			
If change of ownership give name					
and address of previous owner					
•					
<b>II. DESCRIPTION OF WELL AND L</b>	EASE		Kind of Lease	Lease No.	
Leuse Name West Dollarhide	Well No. Pool Name, Including	Formation		-	
Queen Sand Unit	102 Dollarhide C	)ueen	State, Federal or Fee Federal	<u>LC-067968</u>	
Location					
C 1530	Feet From The North L	100 cod 2600	Feel From The East		
Unit Letter <u>G</u> : <u>1530</u>	Feet From IneC				
Line of Section 30 Townsh	ip 245 Range	38E . NMP	w. Lea	County	
Line of Section 30 realist					
THE DESIGN ATTANK OF TO INCOOR	TTE OF OF AND NATIR.	ALCAS			
<b>III. DESIGNATION OF TRANSPOR</b>	TER OF OIL AND NATUR	hi ono	to which approved come of this form is	to be senti	

Name of Authorized Transporter of Cil XX or Condensate			Address (Give address to whi	ich approved copy of	this form is to be sent,	)		
Terres-New Mexico Pipeline Company			P. O. Box 2528,	Hobbs, NM 88	241-2528			
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to whi	ich approved copy of	this form is to be sent,	)		
			417 Home Savings	& Loan Bldg,	Bartlesville,	OK		
			Twp.	Rge.	Is gas actually connected?	When		7400
If well produces oil or liquids, give location of tanks.	E	32	245	38E	Yes	1-21-88	3	

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
(Tule)
February 4, 1988
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 8 - 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
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 despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE iii.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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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#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oll Well - Gas Well	New Well	Workover	Deepen	Piug Back	Same Restv.	Diff. Rest
		XX	XX	•		1		
Date Spudded	Date Comp	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
12-15-87		1-21-88		3994'			3909'	
levelions (DF, RKB, RT, GR, etc.)	Name of P	roducing Formation	Top Oll/Gas Pay			Tubing Depth		
3150' GR _3161.5' KB	Queer	1	3675'		3660.94'			
Perforations						Depth Castr	ng Shoe	~~.
<u>3686-3719' &amp; 3747-38</u>	46'					3994	, <b>1</b>	
		TUBING, CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CAS	ING & TUBING SIZE	DEPTH SET		SACKS CEMENT		т	
12-1/4"	8-5/8	8-5/8"		432'		250 sx, circ 60 sx		SX
7-7/8''	5-1/2	2"	3994'			1000 sx	, circ 20	)0 sx
	2-7/8	3"	3660.9	4'			<u> </u>	
	1							

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 ellow-OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)	
1-21-88	2-2-88	Pump		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	N/A	25#	N/A	
Actual Prod. During Test	Oll-Bble.	Weter-Bbis.	Gas + MCF	·····
526 bbls	216	310	500	

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
			1
Testing Method (pitol, back pr.)	Tubing Pressure (shut-is)	Casing Pressure (Shut-im)	Choke Size
1			<u> </u> ;

HICHER HIGH

Sirgo-Collier, Inc. WDQSU #102, Unit G, Sec. 30, T24S, R38E Lea County, N.M.

## STATE OF NEW MEXICO DEVIATION REPORT

436	1/2
920	1/4
1419	1 ,
1793	1 ·
2142	3
2405	3 3/4
2660	3 1/2
2903	1 3/4
3379	1 1/4
3677	1
3916	3/4
3994	3/4

By: Ray Peterson &

STATE OF TEXAS

COUNTY OF MIDLAND 1

The foregoing instrument was acknowledged before me this 28th day of December , 19'87, by Ray Peterson on behalf of Peterson Drilling Company

My Commission expires: 8/2/88

Notary Public for Midland County, Texas