

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION 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

I.

Operator  
**Sirgo-Collier, Inc.**

Address  
**P.O. Box 3531, Midland, Texas, 79702**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <b>Change Of Operator from Point Petroleum Corp. to Sirgo-Collier, Inc. 4/1/87.</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinhead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **Sirgo Brothers, Inc. P.O. Box 3805, Midland, Tx. 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>W. Dollarhide Queen Sand Unit</b>	Well No. <b>67</b>	Pool Name, including Formation <b>Dollarhide Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-10272</b>
Location Unit Letter <b>G</b> : <b>2200</b> Feet From The <b>East</b> Line and <b>2400</b> Feet From The <b>North</b>				
Line of Section <b>32</b> Township <b>24S</b> Range <b>38E</b> . NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>None - Water supply well</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinhead 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

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.



**Brian M. Sirgo, Agent**

(Title)

**April 20, 1987**

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 21 1987**, 19

BY **Orig. Signed by Paul Kautz**

TITLE **Geologist**

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.

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceeding allowable for this depth or be for full 24 hours)

## GAS WELL

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