

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
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-Operating, Inc.

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

Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Change operator name from Sirgo-Collier, Inc. to Sirgo Operating, Inc. effective November 1, 1988.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Sirgo-Collier, Inc., P.O. Box 3531, Midland, Texas 79702

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Dollarhide Queen Sand Unit</u>	Well No. <u>69</u>	Pool Name, including Formation <u>Dollarhide Queen</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>B-9331</u>
Location				
Unit Letter <u>M</u> : <u>650</u> Feet From The <u>South</u> Line and <u>300</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>24S</u> Range <u>38E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Water Supply Well</u>	
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)
<u>Water Supply Well</u>	
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.

I. 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.

Bonnie Attwater
(Signature)
Agent
(Title)
October 12, 1988
(Date)

OIL CONSERVATION DIVISION

JAN 25 1989

APPROVED _____, 19____
BY Orig. Signed by Paul Kautz
Geologist
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.

100-63444

Abstract

1. *Pharmaceuticals*
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 3. *Biotechnology*
 4. *Healthcare Services*
 5. *Medical Research*
 6. *Healthcare Financing*
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