Submit 5 Cooles
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico rgy, Minerals and Natural Resources Departn.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Texaco Exploration and Production Inc. 30 025 10977 P. O. Box 730 Hobbs, NM 88241-0730 Reason(s) for Filing (Check proper box) X Other (Please explain) New Well Eff.4-1-91 return oper to TPI, change to Sirgo an error. TPI name changed to TEPI 6-1-91 Change in Transporter of: Recompletion Dry Gas X Casinghead Gas Condensate Change in Operator if change of operator give name and address of previous operator Sirgo Operating, Inc. P. O. Box 3531 Midland, TX 79702 II. DESCRIPTION OF WELL AND LEASE Lease Name Kind of Lease State, Federal or Fee Well No. Pool Name, Including Formation Lease No. MYERS LANGLIE MATTIX UNIT LANGLIE MATTIX 7 RVRS Q GRAYBURG STATE B9974 120 Location 1988 660 Feet From The NORTH Line and Unit Letter \_ Feet From The WEST Line 245 Range 37E Section Township LEA . NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate INJECTOR Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) INJECTOR If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? rive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_ By ORIGINAL SPORTS BY JUBBY SEKTION Signature Area Manager THAT WOY I SUTERLY P J. A. Head

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

August 23, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

1

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

Title

505/393-7191

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Sirgo Operating, Inc.							30-025-				
Address	4								<u></u>		
P.O. Box 3531,		Texas	79	9702					· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper box			_			her (Please expl					
New Well Change in Transporter of: Effective								hange fi	rom Texa	co Producțir	
Recompletion	Oil	_	Dry Gas		to S	Sirgo Ope	rating,	Inc.			
Change in Operator KX	Casinghead	Gas	Condens	sate				<del></del>			
If change of operator give name and address of previous operator			ing,	Inc.	P.O. Box	728, Ho	bbs, NM	88240		<del></del>	
II. DESCRIPTION OF WEL				<del></del>					<del></del>		
Lease Name  Well No.   Pool Name, Includi  Myers Langlie Mattix Unit   2/0   Langlie Ma								Kind of Lease State, Federal or Fee		BOO 74	
Location a	OUIL	الالما	Lang	gile M	actix or	C QN		<u> </u>	107	7/7	
Unit Letter	_:_lole	<u> </u>	Feet Fro	om The	<u> </u>	ne and 19	8/6 F	see o	M	Line	
Section 2 Towns	hip 742		Range	37	F .N	МРМ,	Lea			County	
III. DESIGNATION OF TRA	NSPORTER	OF OII	L ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Injection				J 							
Name of Authorized Transporter of Cas	inghead Gas		or Dry C	Gas	Address (Gi	ve address to wi	hich approved	copy of this	form is to be s	ent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.				ls gas actual	y connected?	When	17			
If this production is commingled with the	at from any other	r lease or po	ool, give	comming	ling order num	ber:			· · · · · · · ·		
IV. COMPLETION DATA		10:17/-11		317-11	N 117.00	1 377 - 1	1 5	1 70 7 1	70 5	bie n	
Designate Type of Completion	n - (X)	Oil Well	] (;	as Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to F	rod.	<del></del>	Total Depth	1	1	P.B.T.D.	I		
Elevations (DF, RKB, RT, GR, etc.)	.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
								1		ļ	
	π	JBING, C	CASIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
								•			
								<u> </u>			
V. TEST DATA AND REQUI											
OIL WELL (Test must be after		il volume of	load oi	l and must					for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pu	ump, gas lýt, e	uc.)			
									Choke Size		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
				Water - Bbis.				Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Dolk						
GAS WELL					1			•			
Actual Prod. Test - MCF/D	Length of Te	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COMPI	JAN	CE							
						DIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION APR 1 1 1991						
is true and complete to the best of my knowledge and belief.					Date Approved						
$\mathcal{Q}_{\perp}$	1					. , ,pp,0 <b>*</b> 6	<del></del>				
Donnie Utwater						By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Bonnie Atwater Production Tech.					By ORIGINAL SIGNED BY JEERTY SEXTON  DISTRICT I SUPERVISOR						
Printed Name	rroat		Tecr	1 •	ļ <u> </u>						
I lines Laure	915/	585–087			Title				····		
Date			none No	<del>.</del>							
					11						

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