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

State of New Mexicorgy, Minerals and Natural Resources Departme

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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSP	ORT OI	L AND N	ATURAL G	AS			
Operator Texaco Exploration and Pro				1	ell API No. 30 025 10981					
Address								025 10581		_
P. O. Box 730 Hobbs, NM	88241-0	730			W) -					
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	orter of:		wher (Please expl Eff. 4-1-91)	•	er to TDI ol	hange to Sirgo	
Recompletion	Oil		Dry G			an error. TP	I name c	hanged to T	EPI 6-1-91	
Change in Operator	Casinghese	Cas 🗌	Conde	neate 🗌						
If change of operator give name and address of previous operator Sirgo	o Operatin	g, inc.	P. 0	. Box 35	31 Mid	land, TX 79	9702	···		
II. DESCRIPTION OF WELL	AND LEA	SE		_					•	
Lease Name MYERS LANGLIE MATTIX UI		Well No. 158	i .		ing Formatio	a RS Q GRAYBI	State	of Lease , Federal or Fee	Lease No. B9694	
Location	. 1980			_ SO	UTH .	ine and1986	_		FOT	
Unit Letter	- 1				-		F	eet From The W	Line	
Section 2 Townsh	ip 24	3	Range	37E		NMPM,	· ·	LEA	County	
III. DESIGNATION OF TRAN				D NATU	RAL GAS	<u> </u>				
Name of Authorized Transporter of Oil Texas New Mexico Pipeline	C IX	or Condens	sate		Address (G			d copy of this form		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	r liquids, Unit Sec. Twp. Rge. G 5 248 37E				is gas actus	illy connected? YES	When			
If this production is commingled with that	from any othe	r lease or p			ing order nu			12/2	2/00	
IV. COMPLETION DATA		Oil Well	-,		1		γ <u> </u>	·		_
Designate Type of Completion	- (X)	Cit Meti		Gas Well	New Wel	l Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	İ
Date Spudded	Date Compl.	Date Compi. Ready to Prod.					*	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	rmation		Top Oil/Ga	Pay		Tubing Depth		7
Perforations	<u> </u>				<u> </u>			Depth Casing S	hoe	\dashv
	প্ৰ	IDDIC (CASIN	IC AND	CELENT	TNC DECOR	<u> </u>	<u> </u>	······································	╝
HOLE SIZE		ING & TU			CEMENI	ING RECORI	<u> </u>	SAC	CKS CEMENT	\dashv
								- One	NO OCIMENT	┪
	 									\Box
	-							 		\dashv
V. TEST DATA AND REQUES								<u> </u>		۔
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	il volume oj	fload o	il and must		r exceed top allo lethod (Flow, pu			ull 24 hours.)	7
	Date Of Text				1 roadong iv	icako (rion, pie		.ic.j		
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	L		Gas- MCF		1
GAS WELL										لـ
Actual Prod. Test - MCF/D	Length of Test				Bols. Conde	nsate/MMCF		Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE								L		ل
I hereby certify that the rules and regula	tions of the Oi	il Conserva	tion		(OIL CON	SERV	ATION DI	VISION	
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					_
Ja Head					By					
J. A. Head Area Manager				er	By					
Printed Name August 23, 1991		T 505/39	Title 93-71	91	Title					_
Date			one No		1					

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.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.

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Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.		O TRANS	PORT OIL	AND NA	TURAL GA	S	DI No			
Operator	Sirgo Operating Inc. 30-025-									
	Sirgo Operating, Inc.					1 3	<u> </u>			
Address P.O. Box 35	21 Miv	ll and	Т АУЗС	79702						
Reason(s) for Filing (Check proper box)	<u>51, Mro</u>	iranu,	16Xas		et (Please expla	in)				
New Well	(Change in Tran	nsporter of:	Ef.	fective	11-1-0	l Chai	nge fro	m Texa	
Recompletion	Oil	Dry	Gas	Pro	oducing	. Inc.	to Si	rgo Ope	rating	
Change in Operator	Casinghead	Gas Con	ndensate 🔲	11.	Judorng	, 11.00				
f change of operator give name	exaco F	roduci	na Inc	. P.O	. Box 7	28. Но	bbs, N	м 8824	0	
nd address of previous operator	exaco F	Toduci	.11g , 111C	., 1.0	· DOX 7	20 / 110	<u> </u>			
I. DESCRIPTION OF WELL	AND LEA	SE								
	Unit '	Well No. Poo	ol Name, Includi	ng Formation	-	Kind	f Lease		ase No.	
Myers Langlie Mat	1	158 I	anglie	Mattix	SR QN	State,	Federal or Fed	D97	14	
Location					, ,			1 1		
Unit Letter	. 19	180 Fee	at From The		e and <u>66</u>	<u>></u> ⊋ Fe	et From The.	\mathcal{M}_{-}	Line	
Ome Date:			Λ ~							
Section 7 Townsh	ip 24	→ Ra	nge 💍	7/- N	MPM,	Lea			County	
II. DESIGNATION OF TRAI	SPORTER	OF OIL	AND NATU	RAL GAS		!.h		omm in to kees		
Name of Authorized Transporter of Oil		or Condensate		Address (Gn	e address to wh			ят ы ю ос 1 е.	ru/	
Texas New Mexico	Pipelir	ne Co.		P.O.	Box 252	8, Hob	ns, NM	to ex t		
Name of Authorized Transporter of Casin	ighead Gas	X or	Dry Gas		e address to wh					
El Paso Natural G	as Co.				Box 149			TX /99	/8	
If well produces oil or liquids,		S∞. Tw	p. Rge.	is gas actuali	y connected?	When	7			
give location of tanks.	<u> </u>		24S 37E	Yes						
f this production is commingled with that	from any othe	r lease or pool	, give comming!	ing order num	ber:					
V. COMPLETION DATA				,					· · · · · ·	
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	<u> </u>	<u></u>		<u> </u>	L	l	<u> </u>	<u> </u>	
Date Spudded	Date Compl	. Ready to Pro	xd.	Total Depth			P.B.T.D.			
				To- Oliver	B					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forma	ation	Top Oil/Gas	Fay		Tubing Dep	th		
				<u> </u>			Depth Casir	a Shoe		
Perforations							Deput Casii	ig blice		
			CDIC AND	CEMENTI	NC DECOR	<u> </u>	<u> </u>			
			ASING AND	CEMENT	DEPTH SET	<u> </u>	1	SACKS CEM	FNT	
HOLE SIZE	CAS	ING & TUBI	NG SIZE	ļ	DEPTH SET		 	JAONO OLIII		
							 			
				 						
mage name and prout	CT FOR A	LLOWAR	IF	J			_ 			
V. TEST DATA AND REQUE OIL WELL (Test must be after	SIFURA	الكام مسامد لما	ests and ail and must	the equal to a	r exceed top allo	wable for thi	s depth or be	for full 24 hou	75.)	
	Date of Test		000 04 0/10 //105	Producing M	lethod (Flow, pa	mp, gas lift,	etc.)	· · · · · · · · · · · · · · · · · · ·		
Date First New Oil Run To Tank	Date of 1es			110000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·			
(T.)	Tubing Prot			Casing Press	ure		Choke Size			
Length of Test	Tubing Pres	18016					1			
O'I PV				Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.									
				<u> </u>						
GAS WELL				150.	A A 7AB		Gravity of	Condensata		
Actual Prod. Test - MCF/D	Length of T	િલ્હા		Bbis. Conde	nsate/MMCF		Oravity of	CONGCUSATE		
					- 286		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pres	saire (Shut-in)		Casing Press	sure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE OF	COMPLI	IANCE		O.I. O.O.		ATION	חווווווו	N I	
I hereby certify that the rules and reg	ulations of the	Oil Conservati	lon		OIL CON	12FHA	AHON	DIVIDIO	JIN T	
Division have been complied with an	d that the infor	mation given a	above	Δ	PR 1 . 1	951	ADD	1519	}	
is true and complete to the best of my	y knowledge an	d belief.		Dat	e Approve	go j	HFR			
	_				• •					
KAN Min / H.	into	Λ				rig. Sigr	ied by			
Signature	<u></u>			∥ By_	 	Paul K	utz			
Bonnie Atwater	Prod	luction	Tech.			Geolog	ist			
Printed Name			itle	Title	}					
4-8-91	915/	<u> 685-08</u>								
Date		Telepho	one Ivo.	11						

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