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

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

State of New Mexico i rgy, 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 111	11101	0111 014				Well A	PI No.					
Sirgo Operating,	Inc.							30-	025-					
Address														
P.O. Box 3531, M	idland,	, Texa	s 7	9702		(D)								
Reason(s) for Filing (Check proper box)						er (Please exp		il ch	anao fro	m Towac	o Produci			
New Well								Effective $4-1-9$ Change from Texaco Product to Sirgo Operating, Inc.						
Recompletion \bigsqcup	Oil	_		_	to S	irgo Ope	erati	ng, r	ne.					
Change in Operator	Casinghe		Conder			700 11-	1.1	MA	00240					
nd address of previous operator			cing,	Inc. P	.o. sox	728, Ho	obos,	NM	88240					
I. DESCRIPTION OF WELL	AND LE	ASE	Dool N	lame Includia	a Formation			Kind o	Lease	Le	ise No.			
Lease Name Well No. Pool Name, Including Myers Langlie Mattix Unit Langlie Ma						ON		li Zari Nome li Arrico			2450(H			
Myers Langlie Mattix	UIIIC) Lan	ISIIC IIC	CCIA OX									
Location Unit Letter	_: <i> </i>	180	_ Feet Fr	rom The	<u> 5 Lin</u>	e and <u>6</u>	60	Fo	et From The	E_	Line			
Section - Townshi	0 24	5	Range	37	三 ,N	мрм,	Lea				County			
III. DESIGNATION OF TRAN		ER OF (OIL AN	D NATU	RAL GAS									
Name of Authorized Transporter of Oil	<u> </u>	or Cond	ensale		Address (Giv	ve address to w	vhich ap	proved	copy of this for	m is to be set	и)			
Injection									aami afilia f	m is to be see				
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas	Address (Give address to which app				proved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When				?						
If this production is commingled with that	from any o	her lease o	or pool, gi	ve commingl	ing order num	ber:								
IV. COMPLETION DATA					1 117.11	Workover		epen	Piug Back S	ame Res'v	Diff Res'v			
Designate Type of Completion	- (X)	Oil Wo	ell 	Gas Well	I New Mell	MOLEOVEL	1	жрен 	Flug Dack	MING ROOT				
Date Spudded		ipl. Ready	to Prod.	<u></u>	Total Depth	<u>.l</u>			P.B.T.D.					
					Top Oil/Gas Pay				TAire Death					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Old Cas 1 ay				Tubing Depth					
Perforations									Depth Casing	Shoe				
			2 (1)	NIC AND	CEMENT	NG PECO	BD.		<u> </u>					
					CEMENTING RECORD DEPTH SET				S	SACKS CEMENT				
HOLE SIZE	IZE CASING & TUBING SIZE					DET IN OLI								
		_												
									<u> </u>					
V. TEST DATA AND REQUE	ST FOR	ALLOV	VABLE	E						6.11.04.1	1			
OIL WELL (Test must be after	recovery of	total volun	ne of load	oil and must	be equal to o	r exceed top a	llowabl	e for thi	s depth or be jo	r jul 24 nou	3.)			
Date First New Oil Run To Tank	Date of T	est			Producing N	fethod (Flow,	ритр, 8	gas iyi, e	iic.j	٠,				
		Tubing Pressure				Casing Pressure				Choke Size				
Length of Test	Tubing P									· ·				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF					
Actual Front During Test	Oil - Boi	.												
GAS WELL														
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate					
										Choke Size				
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Clore size				
			(D* * ·	NCE	-	<u> </u>			<u>. —</u>					
VI. OPERATOR CERTIFIC	CATEO	F CON	1PLIA	NCE		OIL CO	NSE	ERV	ATION [DIVISIO	N			
I hereby certify that the rules and regt	ilations of the	e Oil Con	servation siven abo	VP		1 1 19			DD-4	40				
Division have been complied with and is true and complete to the best of my	knowledge	and belief	Prich woo		11	e Approv	~ (A	四耳	1991				
is the and complete to the order of my]	1			Dat	e whhion				- 	<u> </u>			
Kannio /	Turn	tin	_		D.	Oi	ig. Si	i <u>g</u> ned	by					
Signature						By Paul Kautz Geologist								
Bonnie Atwater	Pr	oducti	on Te			_	<u>Lieol</u>	ografi						
Printed Name $5 - 9 - 91$	0.1	5/685-			Title	9								
Date 0		<u>, , , , , , , , , , , , , , , , , , , </u>	relephone	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.