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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

•	T	OTRANS	PORT OIL	AND NAT	URAL GA	S	DI No				
perator		Well API No. 30-025-									
Sirgo Operat	<u></u>	30-025-									
Address P.O. Box 353	21 M % v3	lland	Tevas	79702							
leason(s) for Filing (Check proper box)	)1 , MIC	<u>Lana,</u>	ICAGO		r (Please explai	n)					
New Well	C	hange in Trai		Eff	ective	4-1-9	l Char	nge fro	m Texad		
ecompletion	Oil		Gas 📙	Pro	ducing	, Inc.	to Si	go Ope	erating		
hange in Operator	Casinghead	Gas Co	ndensate								
change of operator give name and address of previous operator	exaco P	roduci	ng, Inc	., P.O.	Box 72	28, Ho	obs, N	4 8824	0		
I. DESCRIPTION OF WELL	AND LEA!	SE									
ease Name	Unit V	Well No. Por	ol Name, Includi	ng Formation			Clease	I	ase No.		
Myers Langlie Mat	l l	133 I	anglie	<u>Mattix</u>	SR QN	State	Federal or Fee	INM	7488		
ocation	· · ·			. 1	1.1	$\sim$		141			
Unit Letter	<u> : lok</u>	<u> </u>	et From The	Line	and _ lo lo	<i></i> Fo	et From The _	¥Λ	Line		
5	721	۷.	nge 37	F N	ирм,	Lea			County		
Section Townshi	Pay	. ) Ra	nge	, , 114							
II. DESIGNATION OF TRAN	ISPORTER	OF OIL	AND NATU	RAL GAS			4.1.1.4				
Name of Authorized Transporter of Oil	(X)	or Condensate		Address (Oth	address to wh				nu)		
Texas New Mexico	<u>Pipelir</u>		2 . 0	P.O.	BOX 252 address to wh	8 HOD	com of this fo	em is to be se	nt)		
Name of Authorized Transporter of Casin			Dry Gas [								
	<del></del>					P.O. Box 1492, El Paso, TX 79978  Is gas actually connected? When ?					
f well produces oil or liquids, ive location of tanks.	Unit		245 37E	Yes		i					
this production is commingled with that			<del> </del>		er:						
V. COMPLETION DATA						, <del></del>			<u> </u>		
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u></u>	<u> </u>	Total Depth	l		DDTD	I			
Date Spudded	. Ready to Pri	Ready to Prod.		Total Depth			P.B.T.D.				
rations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations				_ <del></del>			Depth Casir	g Shoe			
							<u> </u>				
					CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			Onono Cement			
	<del> </del>										
				<del>                                     </del>							
V. TEST DATA AND REQUE	ST FOR A	LLOWAB	LE						•		
OIL WELL (Test must be after	recovery of tot	al volume of i	oad oil and mus	t be equal to or	exceed top allo	wable for th	s depth or be	for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Tes	1		Producing M	ethod (Flow, pr	emp, gas iyi,	eic.)				
					Casing Pressure			Choke Size			
Length of Test	Tubing Pres	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.	- Rhle			Water - Bbis.			Gas- MCF			
Actual Front During Test	011 - 2013.										
GAS WELL											
Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF			Gravity of Condensate							
				78			Choke Size				
sting Method (pita, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
						<del></del>	<u> </u>				
VI. OPERATOR CERTIFIC	CATE OF	COMPL	IANCE		OIL CON	JSFRV	ATION	DIVISIO	NC		
I hamby certify that the rules and regi	ulations of the	Oil Conservat	ion			102,11	,,,,,				
Division have been complied with an	d that the infor	mation given	above	∥		لد.	APR 1	1 1001	ſ		
is true and complete to the best of my	TIOMICORC M			Date	e Approve	:u	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>  133  </del>			
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Simply					UKIGI		'i Suparv		1.4		
Signature Bonnie Atwater	Prod		Tech.			art of this had	+ <b>w</b> +4+ 3.13 ¥	CHAPTE			
Printed Name ( ) 0 9		_	itle	Title	)						
	915/	685-08/ Teleph	3 7 8 none No.								
Date		p.	-	11							

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.