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

In

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III		Vanta	10,11011111	JAGO 0100						
1000 Rio Brazos Rd., Aztec, NM 87410			ALLOWAE							
TO TRANSPORT OIL AND NATURAL GAS									__	
Operator							API No.			
Sirgo Operating, Inc.					30-025-					
Address		11 A	m	70700						
P.O. BOX 353 Reason(s) for Filing (Check proper box)	11, M10	i⊥and,_	Texas	79702 Dubi	et (Please expl	2in)				
New Well		Change in Tra	nsporter of:	_	•		il chan	~a fwc	m Texac	
Recompletion	Oil		y Gas						erating,	
Change in Operator	Casinghead	<u> </u>	ndensate	PI	baucing	, inc.	CO SII	go ope	tacing,	
If change of operator give name	vaco 1	Produci	ng. Inc	P.O	. Box 7	28. Ho	obs, NM	8824	10	
and address of previous operator			1197 1110	.,						
II. DESCRIPTION OF WELL		SE				12:-1-	<u> </u>	1 1	ase No.	
ł .	nit Well No. Pool Name, Including Formation Kind State, V43 Langlie Mattix SR QN State,						Federal or Fee NM 7488			
Myers Langlie Matt	:1X	14211	Janqile	Mattix	SR QN			1/4/-7	1700	
Location	191	a/) .		۸۱	49	190	5 t From The	11	Line	
Unit Letter	.: <u></u>) () Fe	et From The	Lin	e and	ro	rom ine			
Section Township	, 24-	Ra	nge 37	E N	мрм,	Lea	-,,		County	
									ŧ	
III. DESIGNATION OF TRAN	SPORTE	or Condensate	AND NATU	RAL GAS	a address to w	hick approved	come of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil	'	oss (Give address to which approved copy of this form is to be sent) O. BOX 2528, HObbs, NM								
Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)					
	1	Box 149		Paso, TX 79978						
If well produces oil or liquids,	so Natural Gas Co. a cil or liquids. Unit Sec. Twp. Rge. I				y connected?	When				
give location of tanks.	G L	5İ_2	24SL 37E	Yes		1				
If this production is commingled with that f	rom any other	r lease or poo	, give comming!	ing order num	ber:					
IV. COMPLETION DATA				·					· · · · · ·	
Designate Time of Completion	\sim	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		Ready to Pro	<u></u>	Total Depth		<u> </u>	P.B.T.D.		<u>.ł</u> _	
Date Spudded Date Compl. Ready to Prod.				•						
Elevations (DF, RKB, RT, GR, etc.)	tion	Top Oil/Gas Pay			Tubing Depth					
Perforations							Depth Casing	Shoe		
		uppic C	CDIC AND	CEMENTI	NG PECOP	<u> </u>				
1015075	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CAS	ING & TODII	NG SIZE	BEI III GET						
	 			·						
							<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE			amakla fan ski	danth on he fo	- 6.11 24 hou	1	
OIL WELL (Test must be after re			oaa ou ana musi	Producing M	ethod (Flow, p	ump, eas lift, e	tc.)	Jul 27 7.00		
Date First New Oil Run To Tank	Date of Tes	τ.		1.00000	(/ /		•			
Length of Test	Tubing Pres	ssure		Casing Pressure			Choke Size			
Design of 100	Total Transfer									
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
	<u></u>									
GAS WELL										
Actual Prod. Test - MCF/D	Length of 7	cst .		Bbls. Condensate/MMCF			Gravity of Condensate			
				Casing Pressure (Shut-in)			Chales Sins	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in)		Casing Press	ure (Shut-In)		Choice Size			
	<u> </u>			<u> </u>			1			
VI. OPERATOR CERTIFIC				11 (NSERV	ATION E	DIVISIO	N	
I hereby certify that the rules and regul	ations of the	Oil Conservati	OB shove		J.L J J.					
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			APR 1 1 1991			
	,	1		Date	- whhinge	.u				
Kannio (1)	IUM!	ter		D	ORIGINA	L SIGNED	S YARRAL YA	PATON		
Signature	D	ئامەر	Meah	By_	D	ISTRICT 15	OPERTUSON			
Bonnie Atwater	Proc	luction Ti	ite Tecn.	Title						

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

Printed Name

Date

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

Title.

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

915/685-0878

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.