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

Inc

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

<u>I.</u>		OTRAN	SPORT OIL	<u>. AND NA</u>	TUHAL G					
Operator Circo Operator		Well API No								
Sirgo Opera	30-025-									
P.O. Box 3		dland,	Texas	79702						
Reason(s) for Filing (Check proper box)		Chance in Ta			et (Please expl) (
New Well	Oil	Change in Tra	ry Gas	Effective $4 - 1 - 9$ Change from Texas Producing, Inc. to Sirgo Operating						
Change in Operator	Casinghead		ondensate	Pr	oducing	, Inc.	to Si	rgo Ope	erating	
f change of operator give name			ing, Inc	PO	Box 7	28 HO	hhs N	M 8824	4.0	
			1119 / 1110	•, 1.0	. DOX /	20, 110	DDS J IN	M 002	10 ,	
II. DESCRIPTION OF WELL	Unit					1 701-4	-61	.		
Lease Name Myers Langlie Ma				of Lease No. Federal on Fee						
Location	CCIX 1	17.) 13	Langite	MACCIA	DK ON					
Unit Letter +	_ :193	30 Fe	et From The \bot	Lin	e and _6/6	j 🔘 Fe	et From The		Line	
			2 -	<u> </u>		_				
Section Towns	hip $\sqrt{2}$	Ra	$\frac{1}{2}$, N	МРМ,	Lea			County	
III. DESIGNATION OF TRA	NSPORTEI	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate			e address to wi	nich approved	copy of this	orm is to be se	int)	
Texas New Mexico					Box 252					
Name of Authorized Transporter of Cas	_	X or	Dry Gas	1	e address to wh					
El Paso Natural (Box 149			TX 799	<u>78 </u>	
If well produces oil or liquids, give location of tanks.			•	ls gas actuall	y connected?	When	. 7			
f this production is commingled with the	G G		24SL37E	Yes					<u> </u>	
V. COMPLETION DATA	a nom any one	01 poo	, p v volianing.			•				
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)		1	<u> </u>	Total Depth	<u> </u>	<u> </u>	<u> </u>	1	1	
Date Spudded	Date Compl	l. Ready to Pro	od.	Total Depti			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casin	ng Shoe		
	Т	UBING, C	ASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUI	CST FOR A	LLOWAR	LE	<u> </u>			<u> </u>			
OIL WELL (Test must be after	recovery of tol	al volume of l	oad oil and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes				thod (Flow, pu					
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
	tual Prod. During Test Oil - Bbls.			Water - Bbls			Gas- MCF			
Actual Prod. During Test			Water - Dois.							
	<u> </u>			<u> </u>			<u>. l</u>			
GAS WELL	Il comb of T	· <u>·····</u>		Bbls, Conder	sate/MMCF	 	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Lengui of 1	Length of Test			bols. Collection in the second					
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
- The state of the										
VI. OPERATOR CERTIFI	CATE OF	COMPLI	LANCE		211 001	10551	ATION	DIV (1016		
I hereby certify that the rules and reg	ulations of the	Oil Conservati	ion	11 (DIL CON	12FHV	AHON	DIVISIO	אוע	
Division have been complied with an	d that the infor	mation given a	above				ADD	1 1 199	1	
is true and complete to the best of m	y knowledge an	u Dellel.		Date	Approve	d	-18 EF	T T 100	<u>t</u>	
Rannia A	1	-							•	
Simplify (LUI-OLUI					ByORIGINAL SIGNED BY JERRY SEXTON					
Signature Bonnie Atwater	Prod	uction	Tech.	1		DISTRICT	I SUPERY	ISUK		
Printed Name			ille 7.0	Title						
Date 7	915/	685-08 Telepho								
عاقرا		LUCPIK		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.