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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	•	TO TRA	NSPO	ORT OIL	AND NATU	JRAL GA						
Operator						Well AP						
Sirgo Operating,	30-025-											
Address P.O. Box 3531, N	Midland.	Texas	. 79	9702								
Reason(s) for Filing (Check proper box)	,					Please expla	~ :					
New Well		Change in	•						om Texa	co Producți		
Recompletion \bigcup	Oil		Dry Gas		to Sir	go Ope	rating,	Inc.				
Change in Operator KN I change of operator give name	Casinghea		Conden			200 11 1	1	00070				
and address of previous operator	Texaco	Produc	ing,	Inc.	2.0. Box 7	28, Hol	obs, NM	88240	· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name		Well No. Pool Name, Including F						of Lease No. Federal of Fee		ease No.		
Myers Langlie Mattix	Unit	it 79 Langlie Mat				ttix SR QN			الرا			
Location Unit Letter	: <u>lol</u>	60	. Feet Fro	om The	5 Line a	<u> 19</u>	80_ F	et From The _	E	Line		
Section 5 Townsh	ip 24	5_	Range	37	E, NMP	M,]	Lea			County		
ጠ - ከሮርያሮእኒኒሞያርእኒ ሳድ ሞን ላኔ	יייים∪סייי	ያ ብሮ ሳነ	II. ANI	וזייגע מ	RAT. GAS							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	OFUKIE	or Conden		V INATU	Address (Give a	ddress to wh	ich approved	copy of this fo	orm is to be s	ent)		
Injection	لبيا			<u> </u>								
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Gas 🗀	Address (Give address to which approved copy of this form is to be sent)					ent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Whe			n 7				
f this production is commingled with that	from any oth	er lease or	pool, giv	e commingl	ing order number							
V. COMPLETION DATA		Oil Well			· · · · · · · · · · · · · · · · · · ·		·	Diver Death	la D. du	Dia Busti		
Designate Type of Completion	Pesignate Type of Completion - (X)			ias Well	New Well \	Vorkover	Deepen i	Piug Back	Same Res'v	Dist Res'v		
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe				
		TUBING, CASING AND							010000000000000000000000000000000000000			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>				
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE				-11-641		C 4.11 24 hav	\		
OIL WELL (Test must be after			of load o	il and must	Producing Metho	od (Flow, nu	mn. eas lift.	s depin or de j	or juil 24 noi	<i>ers.)</i>		
Date First New Oil Run To Tank	Date of Te	SI.			1 todacing tvicus	oo (1 10#, p=	,,p, 8-0 ,9.,	,				
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size				
								C. VCF				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	Tuking Des	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Fie	Thomas Liespane (Sumem)				(0						
VI. OPERATOR CERTIFIC	CATE OF	COME	PLIAN	ICE			ICEDV	ATION	רואוכוע	781		
I hereby certify that the rules and regu	lations of the	Oil Conser	vation		A DD		igen v	ATION	ופועוטו	אוכ		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MITT 1 100 APPENDE							
is true and complete to the best of my	Tiowiedge at	na venei. L			Date A	Approve	d		100 (1)			
Kannin /t	tura	ton			_			. Signe				
Signature	~~~~ -			1	By		BY	ul Kautz				
Bonnie Atwater	Pro	ductio	n Tec Tide	<u>n.</u>			E. W	ALL DE MARKET				
Printed Name 8-91	915	/685-0	-		Title_		·					
Date		Tel	ephone N	lo.								

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.