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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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSPORT C	IL AND N	ATURAL (GAS	•			
Operator		Well API No.								
Sirgo Ope				30-025-						
	3531 M:	المحالف		70700						
P.O. BOX Reason(s) for Filing (Check proper b	ox)	diand	, rexas	79702	ther (Please ex	mlain)			· 	
New Well	•	Change in	Transporter of:				α 1			
Recompletion	Oil		Dry Gas	Effective $4-1.91$ Change from Texa Producing, Inc. to Sirgo Operating						
Change in Operator X	Casinghea	d Gas 🔲	Condensate	Pi	coducin	g, Inc	. to Sir	.do Ob	erating	
If change of operator give name and address of previous operator	Texaco	Produc	cing, In	C. P. (). Box	728 H	obbe NM	000	140	
•			1		J. DOX	720, 11	obbs, NM	882	40	
II. DESCRIPTION OF WE Lease Name			D 132							
Myers Langlie Ma	Unit	٠						of Lease No.		
Location	ACCIA)	27)	Langite	Mattly	SR ON		, reactal of ree	<u> </u>		
Unit Letter	_:_66	<u></u> 1	Feet From The _	<u>5_ u</u>	ne and 19	80 i	eet From The	W	Line	
Section Tow	nship 24-	<u> </u>	Range 37	E ,N	ІМРМ,	Lea			County	
III. DESIGNATION OF TR	ANSPORTE	ROFOII	. AND NATI	IDAT CAS						
Name of Authorized Transporter of O		or Condensa	Me	Address (Gi	ve address to w	vhich approve	d come of this for	n ie to he e		
Texas New Mexico	<u> </u>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528, Hobbs, NM								
Name of Authorized Transporter of Ca	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)								
El Paso Natural	P.O. Box 1492, El Paso, TX 79978									
give location of tanks.					Is gas actually connected? When?					
<u> </u>	<u> </u>	<u> </u>	24S 37E	<u> Yes</u>						
If this production is commingled with to IV. COMPLETION DATA	121 Hom any othe									
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			•	- 	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>		 -	Depth Casing S	ihoe		
	<u> </u>	IRING C	ASING AND	CEMENTI	VC PECOD					
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CENTAIT		
								SACKS CEMENT		
. TEST DATA AND REQU	CCT COD AL	LOWAR	i D							
				1						
Date First New Oil Run To Tank	oaa ou ana musi	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
	Date of Test			11 Todaling William (Flow, pump, gas tyt, etc.)						
ength of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL			 ,							
Actual Prod. Test - MCF/D	Length of Ter	st		Bbls. Condens	ate/MMCF	·	Convinue Con-	(
					Source Constitution of the			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Press.	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFIC	ATE OF C	י זפו גרי	ANCE				L			
I hereby certify that the rules and regr Division have been complied with an	lations of the Oi	l Conservation	on .) C	LSON	SERVA	TION DI	VISIO	N	
is true and complete to the best of my	knowledge and i	iuon given al belief.	DOVE	_	est if T	- 1001				
\cap	1			Date	Approved	1	的其	1001	 ,	
Donnie (Hunter						~:		40 C 1		
Signature					By Orig. Signed by					
Bonnie Atwater Production Tech.					Paul Kautz Geologist					
4-8-91	915/6	Tid 85-087	·	Title_						
Date	0/0	Telephon	se No.							

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.