Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.		TO TRA	ANSPC	OHI OIL	AND NA	IUHAL GA		DIMA			
Operator	Weil API No. 30-025-										
Sirgo Operating	i, inc.	····						-023-			
P.O. Box 3531,	Midland.	. Texa	s 79	702							
Reason(s) for Filing (Check proper box						et (Please expl	· _				
New Well		Change i	n Transpor			ctive 4			om Texa	co Produc	
Recompletion \Box	Oil	_	Dry Gas		to S	irgo Ope	rating,	Inc.			
Change in Operator KX	Casinghea		Condens							· · · · · · · · · · · · · · · · · · ·	
change of operator give name address of previous operator	Texaco	Produ	cing,	Inc.	P.O. Box	728, Ho	bbs, NM	88240			
I. DESCRIPTION OF WEL	I. AND LE	ASE									
Lease Name	D IN O DD	Well No.	Pool Na	me, Includi	ing Formation		Kind	X Lease		ease No.	
Myers Langlie Mattix	k Unit	Unit 348 Langlie Ma				attix SR QN State,			Federal or Fee		
Location Unit Letter	: loli	60	_ Feet Fro	om The	<u> </u>	e and 6	60 F	et From The	W	Line	
Section 🔗 Town:	ship 24	<u> </u>	Range	37	E N	мрм,	Lea	 		County	
T DEGRAMATION OF THE	NICDADTE	ed Or C	NT A NIT	ודד גע ח	DAL GAS		•		i		
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conde		C NAIO	Address (Giv	e address to w	hich approved	copy of this	form is to be se	int)	
Injection	لـــا		ı	لــا	1						
Name of Authorized Transporter of Cau	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids, ive location of tanks.	Unit	S∞.	Twp.	Rge.	Is gas actually connected? Whe			?			
this production is commingled with th	at from any ou	her lease o	r pool, give	e comming	ling order num	ber:					
V. COMPLETION DATA					· · · · · · · · · · · · · · · · · · ·	·		· · · · ·	7	· .	
Designate Type of Completic	n - (X)	Oil We	11 G	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic					Total Depth	I	L	P.B.T.D.		<u> </u>	
z aproded Date Compi. Ready to From					·						
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casi	ng Shoe		
	TUBING, CASING AND				CEMENTING RECORD						
\ HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
											
											
					 			1			
. TEST DATA AND REQU	EST FOR A	ALLOW	ABLE								
IL WELL (Test must be afte	er recovery of to	otal volum	e of load o	il and musi	be equal to or	exceed top all	owable for thi	s depih or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	est			Producing M	ethod (Flow, pi	ump, gas lift, i	etc.)			
A of Total	Tubing Po	Tubing Pressure				Casing Pressure			Choke Size		
ength of Test	lubing Pro	Tuoing Pressure									
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
			,					J			
GAS WELL		-					·				
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate	1.	
									Choke Size		
esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choice Size		
					-{						
VI. OPERATOR CERTIF				ICE	(ISFRV	ATION	DIVISIO	N	
I hereby certify that the rules and re Division have been complied with a	gulations of the	Oil Conse	ervation iven above	:	AP	R'199	IEI			•	
is true and complete to the best of n	ny knowledge 2	and belief.	TOU AUCUTE		11	Approve	A P.		1997		
ρ . \wedge	+ .	1				• •		• •	 		
Donnie 1	luo	ler			By_	Or	ig. Signed Paul Kau	by.			
Signature Bonnie Atwater	Pro	ductio	on Tec	h.	-		Geologia				
Printed Name // O OI			Title		Title		Pair a new Person	72			
4-8-91	915	/685_0	0878								
Date		Te	lephone N	ko.	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.