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 TO TRANSPORT OIL AND NATURAL GAS

Operator	10 110/11	101 0111 012	71112 1171		Well	API No.			
Sirgo Operat		30-025-							
Address						<u> </u>			
P.O. Box 353	31. Midland.	Texas	79702						
Reason(s) for Filing (Check proper box)				et (Please expla					
New Well	Effective 4-1-91 Change from Texado								
decompletion Oil Dry Gas				Producing, Inc. to Sirgo Operating,					
Change in Operator	Casinghead Gas []	Condensate) L		
f change of operator give name	exaco Produc	ing. Inc	., P.O	. Box 7	28, H	obbs, NM	8824	0	
nd address of previous operator		/	<u> </u>						
Lease Name Unit Well No. Pool Name, Including			ng Formation Kind o			d of Lease			
1			Mattix SR QN State,			e, Federal or Fee	Federal or Fee		
Location	110	Feet From The	1:0	e and 198	20	Feet From The	E	Line	
Unit Letter	_ : <u>@@C</u>	reet From The/_	<u>-</u> LID	c and		rect riolii riic			
Section Township	· 245	Range 372	E,N	мрм,	Lea			County	
<u> </u>									
II. DESIGNATION OF TRAN	SPORTER OF OIL	L AND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	or Condens		Address (Giv	e address to wh	iich approv	ed copy of this form	n is to be se	nt)	
Texas New Mexico Pipeline Co.			P.O. Box 2528, Hobbs, NM						
Name of Authorized Transporter of Casing	ghead Gas X	or Dry Gas				ed copy of this for			
El Paso Natural Gas Co.			P.O. Box 1492, El						
If well produces oil or liquids,	Unit S∞.	nit Sec. Twp. Rge. Is gas actually connected?			When?				
ive location of tanks.	G L 5 L	24S 37E	Yes						
f this production is commingled with that	from any other lease or p	ool, give commingli	ng order num	ber:					
V. COMPLETION DATA				<u>,</u>				-	
Designate Time of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	Total Depth	l	l	P.B.T.D.			
Date Spudded	Date Compl. Ready to	гтоа.	rocar Depar			P.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	Tubing Denth		
						Tubing Depar	Tuoing Depar		
Perforations	<u> </u>					Depth Casing	Shoe		
Periorations						1 .			
	TURING	CASING AND	CEMENT	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE	Onoma a ro	<u> </u>							
V. TEST DATA AND REQUES	ST FOR ALLOWA	BLE							
OIL WELL (Test must be after r	recovery of total volume of	of load oil and must	be equal to o	r exceed top allo	owable for	this depth or be for	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	lethod (Flow, pr	ump, gas lij	t, eic.)			
					- 10				
Length of Test	Tubing Pressure	Casing Pressure Water - Bbls.			Choke Size	Choke Size			
•					0	Gas- MCF			
Actual Prod. During Test	od, During Test Oil - Bbls.				Gas- MCF	Oab- MICE			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate			
Actual Floor Floor									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	·in)	Casing Pres	sure (Shut-in)		Choke Size			
tree of the same o									
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE				=		211	
VI. OPERATOR CERTIFIC	Interest of the Oil Consen	vation	11			VATION E		אכ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				Date Approved APR 1 1991					
is true and complete to the best of my	knowledge and belief.		Dat	e Annrove	ed .	TAK T F ;	JUI		
\sim \sim \sim	1			c / ippiote					
Gannie (Uwater				COLONIAL CLONESS SON ICORY CZYYNNI					
				DISTRICT SUPERVISOR					
Bonnie Atwater	Production								
Printed Name		Title	Title	9					
<u>-4.8.41</u>	915/685-0	1878	 						
Date	icle	phone No.	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
- 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.