Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico gy, Minerals and Natural Resources Departme

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| •  | T                              | O TRAN          | <u>ISPO</u>     | RT OIL        | AND NAT                         | URAL GA                                | . <u>5</u>     | DI Ma          |                  |              |  |
|--|--------------------------------|-----------------|-----------------|---------------|---------------------------------|--|----------------|----------------|------------------|--------------|--|
| perator  |                                |                 |                 |               |                                 | Well API No.                           |                |                |                  |              |  |
| Sirgo Operating, Inc.  |                                |                 |                 |               |                                 | 30-025-26970                           |                |                |                  |              |  |
| Address P.O. Box 3531,                                       | Midland                        | Tevas           | 79              | 702           |                                 |  |                |                |                  |              |  |
| Reason(s) for Filing (Check proper box)                      |                                | TCAGS           |                 | , , , ,       |                                 | r (Please expla                        |                |                |                  |              |  |
| lew Well   |                                | Change in 7     | ranspor         | ter of:       |                                 | tive 4-                                |                |                | om Texac         | co Produc    |  |
| ecompletion  | Oil                            |                 | Dry Gas         | . 🖳           | to Si                           | irgo Oper                              | ating,I        | inc.           |                  |              |  |
| hange in Operator  | Casinghead                     | 1 Gas 🔲 (       | Condens         | rate 🗌        |                                 |  |                |                |                  |              |  |
| change of operator give name                                 | Texaco                         | Produci         | ing,            | Inc. I        | 2.0. Box                        | 728, Hol                               | bs, NM         | 88240          |                  | <del> </del> |  |
| d address of previous operator                               |                                |                 |                 |               |                                 |  |                |                |                  | ·            |  |
| I. DESCRIPTION OF WELL                                       | L AND LEA                      | Well No         | Dool Na         | me Includi    | ng Formation                    |  | Kind o         | Lesse          | L                | ease No.     |  |
| Lease Name   | 1 1 2 2 2 2 2 2 2 2 2          |                 |                 |               |                                 |  |                | Federal or Fe  |                  | 7488         |  |
| Myers Langlie Mattix   | . OHIL                         | 10-11           | <u> 13aii 8</u> | ,             | ,                               |  |                |                |                  |              |  |
| $\cap$   | . 66                           | 20              | Feet Fro        | m The         | 5 Line                          | and $192$                              | 30_ Fe         | et From The    | <u></u>          | Line         |  |
| Unit Letter  |                                | ,               |                 |               |                                 |  |                |                |                  |              |  |
| Section Towns  | thip 34                        | <u> </u>        | Range           | 37            | ₹ ,NN                           | MPM,                                   | <u>lea</u>     |                |                  | County       |  |
|  | NODODOC                        | n or or         | r ariy          | NIATT!        | DAT GAS                         |  |                |                |                  |              |  |
| II. DESIGNATION OF TRA                                       | NSPURIE                        | or Condens      | ale i           | TIATO         | Address (Giv                    | address to wh                          | ich approved   | copy of this f | form is to be se | ent)         |  |
| Injection  |                                |                 | l               |               |                                 |  |                |                |                  |              |  |
| Vanue of Authorized Transporter of Cas                       | inghead Gas                    |                 | or Dry (        | Gas           | Address (Giw                    | e address to wh                        | ich approved   | copy of this f | form is to be se | ent)         |  |
|  |                                |                 |                 |               | Is gas actually connected? When |  |                | - ?            |                  |              |  |
| f well produces oil or liquids,                              | Unit                           | Sec.            | Twp.            | Rge.          | Is gas actually                 | y connected?                           | When           | 7              |                  |              |  |
| ive location of tanks.                                       |                                |                 | aal aiv         | comming       | ling order numb                 | ······································ |                |                |                  |              |  |
| this production is commingled with the V. COMPLETION DATA    | at from any our                | er lease or p   | ooi, givi       | e commung     | ing older name                  | ~                                      |                |                |                  |              |  |
| V. COMPLETION DATA   |                                | Oil Well        | 10              | as Well       | New Well                        | Workover                               | Deepen         | Plug Back      | Same Res'v       | Diff Res'v   |  |
| Designate Type of Completion                                 | n - (X)                        | i               | _ İ             |               | <u> </u>                        |  | <u> </u>       | <u> </u>       | <u> </u>         |              |  |
| tte Spudded Date Compl. Ready to Prod.                       |                                |                 |                 |               | Total Depth                     |  |                | P.B.T.D.       |                  |              |  |
|  |                                |                 |                 |               |                                 | Top Oil/Gas Pay                        |                |                | Tubing Depth     |              |  |
| evations (DF, RKB, RT, GR, etc.) Name of Producing Formation |                                |                 |                 |               |                                 |  |                |                |                  |              |  |
| Perforations   |                                |                 |                 |               | <u> </u>                        |  |                | Depth Casi     | ng Shoe          |              |  |
| renorations  |                                |                 |                 |               |                                 |  |                |                |                  |              |  |
|  | T                              | UBING.          | CASIN           | NG AND        | CEMENTI                         | NG RECOR                               | D              |                |                  | ·            |  |
| NOLE SIZE  | HOLE SIZE CASING & TUBING SIZE |                 |                 |               | DEPTH SET                       |  |                | SACKS CEMENT   |                  |              |  |
|  |                                |                 |                 |               |                                 |  |                | <b></b>        |                  |              |  |
|  |                                |                 |                 |               | ļ                               |  |                |                |                  |              |  |
|  |                                |                 |                 |               |                                 |  |                | -              |                  |              |  |
| V. TEST DATA AND REQU  | EST FOR A                      | LLOWA           | BLE             |               | <u> </u>                        | <del>,</del>                           |                | .1             | <del></del>      |              |  |
| OIL WELL (Test must be after                                 | er recovery of to              | otal volume     | of load o       | oil and mus   | t be equal to or                | exceed top all                         | owable for th  | is depth or be | for full 24 hou  | vs.)         |  |
| Date First New Oil Run To Tank                               | Date of Te                     |                 | <u></u>         |               | Producing M                     | ethod (Flow, pr                        | emp, gas lift, | etc.)          |                  |              |  |
|  |                                |                 |                 |               |                                 |  |                | Choke Size     |                  |              |  |
| Length of Test   | Tubing Pre                     | Tubing Pressure |                 |               |                                 | Casing Pressure                        |                |                | CHORO GIZO       |              |  |
| ctual Prod. During Test Oil - Bbls.                          |                                |                 |                 |               | Water - Bbis.                   |  |                | Gas- MCF       |                  |              |  |
|  |                                |                 |                 |               |                                 |  |                |                |                  |              |  |
|  |                                |                 |                 |               |                                 |  |                |                |                  |              |  |
| GAS WELL   | l andh of                      | Test            |                 |               | Bbls. Conder                    | sate/MMCF                              |                | Gravity of     | Condensate       |              |  |
| Actual Prod. Test - MCF/D                                    | Length of Test                 |                 |                 |               |                                 |  |                |                |                  |              |  |
| ing Method (pitot, back pr.) Tubing Pressure (Shut-in)       |                                |                 |                 |               | Casing Pressure (Shut-in)       |  |                | Choke Size     | e .              |              |  |
|  |                                |                 |                 |               |                                 |  |                |                |                  |              |  |
| VI. OPERATOR CERTIF  | ICATE OF                       | COMP            | LIAN            | NCE           |                                 |  | JOHN           | ATION          | DIVISIO          | )NI          |  |
| I hereby certify that the rules and re                       | gulations of the               | Oil Conser      | vation          |               | /                               | HIP GAL                                | <b>₩</b> 657 \ | ATION          | ופוגוח           | אוע          |  |
| Division have been complied with a                           | and that the info              | ermation give   | en above        | •             | 1                               |  |                | <b>∆</b> ₽£    | 1 5 19           | 91           |  |
| is true and complete to the best of r                        | ny knowledge a                 | ind belief.     |                 |               | Date                            | Approve                                | ed             |                | - V 10           | <del></del>  |  |
| R. /r  | + -                            | +,              |                 |               |                                 | O                                      | rig. Sign      | ed u <b>y</b>  |                  |              |  |
| Donnie (1  | ma                             | $\mathcal{L}$   |                 |               | By_                             |  | Paul Ka        | utz            |                  | <del></del>  |  |
| Signature<br>Bonnie Atwater                                  | Pro                            | duction         | n Tec           | <u>:h.</u>    |                                 |  | ¿ Geologi      | 24             |                  |              |  |
| Printed Name   |                                |                 | Title           | . <del></del> | Title                           | ·                                      |                |                |                  |              |  |
| 4-8-71   | 915                            | /685-0          | 878<br>phone 1  | <del>10</del> |                                 |  |                |                |                  |              |  |
| Date   |                                | 1 210           | hivric t        | ₩.            | 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.