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

State of New Mexico L .gy, Minerals and Natural Resources Departme. 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

· •		TO TRA	NSPC	ORT OIL	AND NA	TURAL GA	15	A DI No			
perator						Well API No. 30-025- 27384					
Sirgo Operating	, Inc.		·				1 30		<u> </u>		
P.O. Box 3531,	Midland.	Texas	3 79	9702							
(eason(s) for Filing (Check proper box)	Oil	Change in		rter of:	Effe	ctive 4 irgo Ope	1-91 CI		om Texac	o Produc	
Thange in Operator	Casinghea	d Gas	Conden	sate 🗌							
change of operator give name	Texaco	Produc	cing,	Inc. I	2.0. Box	728, Ho	bbs, NM	88240	· · · · · · · · · · · · · · · · · · ·		
•	ANID FIE	CE									
L. DESCRIPTION OF WELL CASE Name Myers Langlie Mattix		Well No. Pool Name, Includin				ng Formation K attix SR QN S			e Le	ase No.	
Ocation Unit Letter	: 66	0	_ Feet Fr	om The	<u> </u>	e and <u>64</u>	6 <u>0 </u>	eet From The	hl	Line	
Section 3 Towns	hip 24	<u> </u>	Range	37	E,N	MPM,	Lea			County	
II. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS					<u> </u>	
Name of Authorized Transporter of Oil Injection		or Conde	nsate		Address (GI				form is to be se		
ne of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
f well produces oil or liquids, ive location of tanks.	on of tanks.			<u> </u>	Is gas actually connected? When ?						
this production is commingled with the	at from any oth	er lease or	pool, giv	e comming	ling order num	ber:					
V. COMPLETION DATA	n - (Y)	Oil Well	1 0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casi	Depth Casing Shoe		
			G + 00	NG IND	CENCENTE	NG PECOE	<u> </u>	_			
0.400			JBING, CASING AND			DEPTH SET			SACKS CEMENT		
HOLE SIZE		01110 0 1									
					ļ			-	<u> </u>	<u> </u>	
							,				
. TEST DATA AND REQU	EST FOR A	LLOW	ABLE								
IL WELL (Test must be after	r recovery of to	otal volume	of load	oil and mus	be equal to o	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st .			Producing M	lethod (Flow, p	ump, gas lýi,	elc.)			
ength of Test	Tubing Pri	Tubing Pressure			Casing Pressure			Choke Size			
Eugui or 1000	Tuotag ricessare						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- NICF		
GAS WELL	11 contract	Tast			IBhia, Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Lengui or	Length of Test			Dois, Gondental I. L. 191						
esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	CATE OF	COM	PLIA	NCE			VSFR\	/ATION	DIVISIO	DN	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					A	OIL CONSERVATION DIVISION					
Division have been complied with a is true and complete to the best of r	ny knowledge a	and belief.		-	Dat	e Approve		ATE			
Bonnis a	twa	ter		<u></u>	By_		Orig. Si	igned by		·	
Signature Bonnie Atwater Production Tech.					Paul Kautz Geologist						
Printed Name 4-8-9	915	/685_0	Tide 0878		Title	9					
Date		Te	lephone l	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.