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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

DALLOWARIE AND ALITHORIZATION

I.						TURAL G						
Operator	TO TRANSPORT OIL						Weil A			Pl No.		
SDX RESOURCES, INC.	3			30 <del>-</del> 015- 02	0-015- 02295							
Address												
P.O. BOX 5061, MIDL	AND, TX	7970	)4									
Reason(s) for Filing (Check proper box)  Other (Please explain)												
New Well Change in Transporter of:												
Recompletion Oil Dry Gas EFFECTIVE 6/1/93  Change in Operator X Caringhead Gas Condensate												
Case in Operation												
and address of previous operator MARBOB ENERGY CORPORATION, P.O. DRAWER 217, ARTESIA, NM 88210												
II. DESCRIPTION OF WELL A	AND LEA	SE								····		
Lease Name Well No. Pool Name, Including								of Lease Federal gryFixe				
FEATHERSTONE-WELCH F	EDERAL 1 EAST MILLMAN S							TOOLS KAA	LC-00	4070		
Location	_					99			1.7			
Unit Letter E: 1650 Feet From The N Line and 900 Feet From The W Line												
Section 22 Township 19S Range 28E , NMFM, EDDY Cot									County			
Journal of the second of the s												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									<b>-</b> /			
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Rame of Authorized Transporter of Casinghead Gas												
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?			When ?				
give location of tanks.	11		L	1								
If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA		Ion w-u	<del></del>	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion -	- (X)	Oil Well	1	Jas Well	New Well	*************************************	Deepen	I ling Dack   S	KING RES V			
Date Spudded	l. Ready to	Prod.		Total Depth			P.B.T.D.	P.B.T.D.				
					The state of the s							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth			
					<u></u>			Depth Casing Shoe				
Perforations								Depai Casing	Depart Casing Show			
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT				
11020 0122	11020 002							Pos	Pot ID-3			
								6-	6-18-93			
									sng op			
V. TEST DATA AND REQUES	TEODA	HOW	ABIE		<u></u>				<del>~/</del> _/			
OIL WELL (Test must be after re	ecovery of to	tal volume	of load	oil and must	be equal to or	exceed top al	lowable for th	is depth or be for	full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Ter			<del></del>	Producing M	ethod (Flow, p	nump, gas lift,	eic.)				
								100 in 61-				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
						Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Astel - Doir							
	<del></del>				J							
GAS WELL	TI sporth of	l'act			Bbls. Conder	sale/MMCF		Gravity of Cor	densate			
ctual Prod. Test - MCF/D Length of Test					Bois. Commission							
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVIDION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUN 0 9 1993							
is true and complete to the beat of this anowherego and benefit.						Date Approved						
114 /11/1					ll n.	·						
Signature					∥ gy−	By ORIGINAL SIGNED BY						
STEVE SELL PRESIDENT					MIKE WILLIAMS							
Printed Name  6/8/93 (915) 685-1761  Title SUPERVISOR DISTRICT II												
0/0/93 Date	\ <u>^</u>		phone N									

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.