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
RECEIVED ottom of Page

## OIL CONSERVATION DIVISION

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

JUN % 7 1991

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

1.	10	IHAN	SPORT OIL	AND NA	IUHAL GA	<u>48</u>				
Operator SDX Resources, I	nc.					Well A	PI No.			
Address		· · · · · · · · · · · · · · · · · · ·								
Post Office Box !  Reason(s) for Filing (Check proper box)	5061, M:	idlan	d, Texas				<u>.</u>			
New Well	Cha	nge in Tra	insporter of:	U Oth	et (Please explo	iin)				
Recompletion	Oil	Dr.	y Gas	Chan	ge of (	Operato	or Effe	ective	6-17-91	
Change in Operator K  If change of operator give name More	Casinghead Ga		ndensate Do	_						
and address of previous operator	xco, inc	3., P	. O. Box	481,	Artesia	a, NM b	38211-0	J481		
II. DESCRIPTION OF WELL A				·						
Lease Name Well No. Pool Name, Including East Millman Unit 189 E. Mil								of Lease Lease No. Federal or Fee Charles CAO		
Location			no MT	LIMAII-C	-GR-SA			Sta	te 648	
Unit Letter M	: 330	Fe	et From The	S Line	and	990 <sub>Fe</sub>	et From The	W	Line	
Section 11 Township	19s	Ra	inge 28	E , N	мрм,		Edo	dy	County	
III. DESIGNATION OF TRANS	SPORTER C	F OIL	AND NATUI							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									ਾਪ)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tv	vp. Rge.	Is gas actually connected? When ?						
If this production is commingled with that fr IV. COMPLETION DATA	om any other le	ase or poo	l, give commingli	ng order numi	per:	<b></b>				
Designate Type of Completion -	Oi	l Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Re	ady to Pro	odr	Total Depth		1	P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Forma	ation	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations										
							Depth Casir	ng Shoe		
TUBING, CASING AND C										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								<del></del>	<del></del>	
	P									
V. TEST DATA AND REQUES					····		1			
OIL WELL (Test must be after re-	covery of total v	olume of l	oad oil and must	be equal to or	exceed top alle	wable for this	s depth or be	for full 24 hour	rs.)	
Date I had now on real To Talla	Date of 1est			Producing M	ethod (Flow, pr	ımp, gas lift, e	tc.)	Dest.	1TD- 7	
Length of Test	Tubing Pressure	;		Casing Press.	ire		Choke Size	7-1	12-91	
Actual Prod. During Test	Oil - Bbls.		<del></del>	Water - Bbls.			Gas- MCF	ling	OP	
GAS WELL							<u> </u>		1 '. '	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	<b>)</b>	Casing Pressure (Shut-in)			Choke Size			
VI OPED ATOR CERTIFIC	A THE OF C	)) (C) '		 			1		<del></del>	
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above										
is true and complete to the best of my knowledge and belief.				Date Approved						
Newlecce Olson				By ORIGINAL SIGNED BY						
Signature Rebecca Olson Agent Printed Name Title				MIKE WILLIAMS Title SUPERVISOR, DISTRICT IF						
June 26, 1991 (505) 746-6520 Date Telephone 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