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

CONTRACTOR OF THE PROPERTY OF

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

<u>I.</u>		TO TRAN	ISPORT O	IL AND NA	TURAL G	AS				
Operator	Well API No.									
SDX Resources	3002508607									
Address	1 361 7	_								
P. O. Box 506 Reason(s) for Filing (Check proper box)	1, Mid	land,	Texas 79		(D1		 			
New Well	Other (Please explain) Change in Transporter of:									
Recompletion	Oil Dry Gas Effectiv						e - 09-01-93			
Change in Operator	Casinghea	d Gas 🔲 C	ondensate							
If change of operator give name and address of previous operator Sm	ith &	Mars.	Inc. P	O Box	863 V	ormit	М	70745		
II. DESCRIPTION OF WELL					-00 N		rexas			
7 57	ding Formation Kind			of Lease Lease No.						
Jone Surmas				State CD State			Federal or Fee			
Location					<u>. a. c. c. c. c.</u>	LIST	ate			
Unit Letter M	_ : <u>66(</u>) F	eet From The \underline{S}	outh Lin	e and660) F	eet From The	West	Line	
Section 13 Townsh	ip 225	7	2.5			_			- Cinc	
Section 13 Townsh	ip 22.	<u> </u>	ange 35E	, N	МРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil										
Texas New Mexi Name of Authorized Transporter of Casin	P. O. Box 2528, Hobbs, NM 88241					41				
GPM Gas Corpor	Address (Give address to which approved copy of				form is to be s.	eni)				
If well produces oil or liquids, Unit Sec. Twp. Rge				Is gas actuali	<u>Penbr</u> y connected?	OOK, C When	dessa.	lessa, TX 79761		
give location of tanks.	ion of tanks. M 13 228 35E VES					Unknown				
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	l, give comming	ling order numl	эег:					
IV. COMPLETION DATA		Oil Well	1 0 1	1			·			
Designate Type of Completion	- (X)	lou well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to Pri	xd.	Total Depth			P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	l r			Doub Co.	Depth Casing Shoe					
							Depui Casin	g Shoe		
	π	JBING, CA	ASING AND	CEMENTIN	NG RECORI)	1			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
								·		
							<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	L			<u> </u>			
OIL WELL (Test must be after re	ecovery of total	il volume of l	ad oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pw	np, gas lift, e	tc.)			
Length of Test	Tubing Pressure			Casing Pressu	<u> </u>		Choke Size			
24482. 0. 144	Tubing Fressure			Casing Fressure			Choke Bize			
ctual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL							·			
Actual Prod. Test - MCF/D					iate/MMCF		Gravity of Condensate			
	Casing Pressure (Shut-in)									
Tubing Pressure (Shut-in)				Choke Size						
	<u></u>			·						
VI. OPERATOR CERTIFIC					JII CON	SERV	1 IAOITA	אופור	NI.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my k	OCT 2.7 1993									
L 1	//	. /		Date	Approved	1				
par lura	Wh	Sels	4	_{D.} ,	AR:-:-					
Signature Barbara Wickham Prod. Analysis Printed Name Title					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title					
Date		Telepho	ne No.	H						

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.