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

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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN 27 1991 REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA OF

I. Operator		TO TRAI	NSPORT C	DIL AND N	ATURAL G	NZATION SAS	ARTESIA C. E).		
					11011/12	We	ARTESIA, OF	FICE		
SDX Resources, Inc.					300150321800S1					
P.O. Box 5061, M		Texas	79704							
Reason(s) for Filing (Check proper box) New Well				0	ther (Please exp	olain)				
Recompletion	Oil	_	ransporter of:	1						
Change in Operator	Casinghea		Ory Gas — Condensate —	J]						
If change of operator give name					Effective	e May 1	, 1991			
and address of previous operator Cent	cral Res	ources,	Inc., 17	776 Linco	ln St.,	Suite 1	010, Denve	r, co ₈₀₂₀	03	
II. DESCRIPTION OF WELI Lease Name	AND LEA									
Leonard Federal		Well No. P	ool Name, Inclu	ding Formation	Oueen	Kin	of Lease	Lease No.		
Leonard Federal 4 Grayburg				Jackson-Grayburg SA Su			ie, Federal or Fee LC 062407			
Unit LetterD_	. 90	90 F		17						
	- i	<u> </u>	eet From The _	NLi	ne and 99	901	Feet From The	<u> </u>	Line	
Section 33 Townsh	ip 17S		ange 29E		ІМРМ,	Eddy				
III. DESIGNATION OF TRAN	Jenonmer					rady		Count	ty	
III. DESIGNATION OF TRA! Name of Authorized Transporter of Oil	NSPORTER	or Condensal	AND NATU	JRAL GAS						
Texas New Mexico Pipel	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casin	P.O. Box 42130, Houston, Texas 77242									
Phillips 66 Natural Ga	Address (Give address to which approved copy of this form is to be sent) G&GL Gas Settlements, Bartlesville, OK 74004									
give location of tanks.	vp. Rge	e. Is gas actually connected? When?								
If this production is commingled with that IV. COMPLETION DATA	from any other	33 1	7S 29E	<u> </u>	ès	i	December 1	.966		
V. COMPLETION DATA		rease or poo	a, give comming	ling order num	ber: _N/	Α				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v Diff Res	s'v	
Date Spudded	Date Compl. Ready to Prod.		od.	Total Depth		L	11			
Flevations (DE BKB DT CD							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations				Top Oil/Gas Pay			Tubing Depth			
							Depth Casing Sho	æ		
	SING AND	CEMENTIN	IC DECORE							
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEDTILOGY						
						SACKS CEMENT				
							7-13-91			
							Chy DP			
. TEST DATA AND REQUES	T FOR AL	LOWABL	E	<u> </u>						
IL WELL (Test must be after re rate First New Oil Run To Tank	covery of total	volume of la	ad oil and must	be equal to or e	exceed top allon	vable for this	denth or he for 6 11			
ate first New Oil Run 10 lank	Date of Test			be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					7	
ength of Test	Tubing Pressu									
	regard Lieszdie			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF			
							Oros MICL			
SAS WELL										
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condensa	le/MMCF		Gravity of Condens	sale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)									
				Casing Pressure	Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICA	TE OF C	OMPL LA	NCE							
I hereby certify that the rules and regulati	one of the Oil	Connection	1	0	IL CONS	SERVA	TION DIVI	CION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					, , , , ,			SION		
1	pricage and be	eliel.		Date A	Approved	J	JL 0 1 1991	1		
		1-1-1-0-04								
Signature				ByORIGINAL SIGNED BY						
Steve Sell President Printed Name				MIKE WILLIAMS						
June 20, 1991 915-685-1761				Title SUPERVISOR, DISTRICT IF						
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
- 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.