District I PO Box 1980, Hobbs, NM 88241-1980

District II 811 South First, Artesia, NM 88210

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

District IV 2040 South Pacheco, Santa Fe, NM 87505

# State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

5 Copies ☐ AMENDED REPORT

<u>I.</u>	RE	QUES	T FOR A	LLOWAB	LE AN	ID AUT	HORIZA	TION	TO TRA	NSPO	RT.			
<sup>1</sup> Operator name and Address									<sup>2</sup> OGRID Number 184860					
			elrose Opera	ting Co.					1.0					
P.O. Box 5061 Midland, Texas 79704										<sup>3</sup> Reason for Filing Code Change of Operator 12-01-99				
4 0	PI Number	<del></del> 1	(915) 685-17	761		<sup>5</sup> Pool Name		<u> </u>		or Operat		·		
30 - 025	-0865	0		Jalr			even Rivers					Code 33820		
l	operty Code			_		Property Nam			<sup>9</sup> Well Number					
	203		Cone Jalmat Yates Pool Unit						- 2			601		
UI or lot no.	Surface I	_OCATION	Range	Lot Idn	Feet fro	m the	North/South I	line   F	eet from the	East/Wes	t line C	ounty		
T	24	22	SISSE	l .	10	20	5011	U <sub>a</sub>	(a(.n	Moa				
11 [	Bottom I	Hole Loc		1	<u></u>	100	3)00		TO CREE	<u> </u>	<u> </u>			
UI or lot no.	Section	Township	Range	Lot Idn	Feet fro	m the	North/South I	Line F	eet from the	East/Wes	st line C	ounty		
<sup>12</sup> Lse Code	13 Producin	g Method Co	ode 14 Gas	Connection Da	te 15	C-129 Perm	it Number	16 (	C-129 Effective D	Date	<sup>17</sup> C-129	Expiration Date		
	WTR	Suo	سام								0 .20	Expiration Bato		
III. Oil a	nd Gas			$-\lambda$	#r	-	12DD	11	Mell	<u> </u>	<del>"-"</del>			
18 Transport OGRID			<sup>9</sup> Transporter N and Address	ame	e 20 POD 21				O/G / 22 POD ULSTR Location and Description					
		<del></del>	41071000							and Des	cription	······································		
					me <sub>s</sub>	MMESHELL I	12 (12) (14) (15)	et (Jen)						
	36683			<del></del>			Australia (Maria)	field.				<del></del>		
					7.		Tables of the same	Marie,						
	<i>(</i>					SEE SEE		DECK CENT		<del></del>		<del></del>		
						MONEY.	Mark!	J.						
IV. Produ	ıced Wa	ter				i de para esta		<b>**</b>	,					
23 P						24 POD UL:	STR Location a	nd Des	cription					
2276														
V. Well (	Complet		Ready Date		27.TD	<del></del>		-	T			-		
	. Date		Ready Date		<sup>27</sup> TD		<sup>28</sup> PBTD		<sup>29</sup> Perfora	tions	30 DH	HC, DC, MC		
	<sup>31</sup> Hole Size		32 C	asing & Tubing	Size	Size 33 De			<u> </u>		34 Sacks Cement			
											Odens o	errient		
							<del>.</del> ·	<del></del>						
										·				
<u>-</u>														
VI. Well	Test Da	nta		<u>.</u>	~	<u> </u>				·		<del></del>		
35 Date No			elivery Date	<sup>37</sup> Test	Date	38	Test Length	Т	<sup>39</sup> Tbg. Pres	sure	40 C	sg. Pressure		
							-		-					
<sup>41</sup> Choke Size			12 Oil	<sup>43</sup> Wa	er		<sup>44</sup> Gas		<sup>45</sup> AOF		46 T	est Method		
<sup>47</sup> I hereby cer	tify that the n	ules of the C	il Consequation	Division have b		<u> </u>								
complied wi	th and that th	ne informatio	n given above i	s true and comp	olete		Off	CON	ISERVATION	ON DIV	ISION			
to the best of my knowledge and belief.  Signature:						Approved by:								
Printed name: Michael Corjay						Title:								
Title: Vice President						Approval	Approval Date:							
Date: 12/	27/09		Phone:					MARY U. IL FUIL						
48 If this is a cha	ange of opera	ator fill in the	OGRID numbe	er and name of t	he previou	s operator				<del></del>				
SDX Resou	rces, Inc.	,		020451										
	Previous A	peracor Sign	ature			Printed	Name			Tit	le ,	/ Date		
	The <				John F	Pool			Vice Pre	sident	12/2	199		

77.17076

e e

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

### OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		OTHA	<u> </u>	OHI OII	AND NA	JURAL GA						
Operator	•		•	Well API No.								
SDX RESOURCES	, INC.				<del></del>			-025-0	8650			
P. O. Box 506	1. Mid	land	, т	'X 79	704					•		
Reason(s) for Filing (Check proper box)						nes (Please explo	oin)	<del></del>				
New Well	Oi1	Change in	Transp Dry G			Effec	tive -	09-01	-93			
Recompletion	Caringhead	_	Coade	_								
If change of operator give name					0 Bc	x 863,	Kermi	+ TY 1	79745			
			· , <u> </u>	nc. F	. О. вс	)X 003,	Vermi	C, IA	79743	·		
II. DESCRIPTION OF WELL			Pool N	Jama Includ	ing Formation	· · · · · · · · · · · · · · · · · · ·	V:-a	•(1		ease No.		
Lesso Numo Cone Jalmat Yates Pool Unit Tr	6	2	!		og Formation Kind of Lease Lease Santa Rosa State, Federal or Fee $E-396$							
Location									<del></del>			
Vail LetterI	: 198	0	Feel F	rom The So	outh L	660 and	F	et From The.	East	Line		
Section 24 Townshi	, 22S		Range	351	E N	мрм, Le	eia			Complex		
Sadon - Townshi	220		Kange		<u> </u>	MITM, DE	<u>- a                                   </u>		<del></del>	County		
III. DESIGNATION OF TRAN	SPORTE			UTAN O	RAL GAS	<del></del>						
Name of Awhonized Transporter of Oil Water Supply Well		or Coadea	ملح		Address (Gi	ve address to wh	tich approved	copy of this fo	orm is to be se	N)		
Name of Authorized Transporter of Casing	head Oas		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	S∞.   I	Twp.	Rge.	ls gas actual	y connected?	When	7				
I this production is commingled with that i	from any other	r lease or p	∞ol, gi	ve comming)	ing order num	ber:						
IV. COMPLETION DATA			<u> </u>									
Designate Type of Completion	- (X)	Oil Well	'	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl	. Ready to	Prod		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	L	<u> </u>		
			····									
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	mation	ı	Top OiVGas	Pay		Tubing Depth				
Perforations	Depth Casing Shoe											
									_			
LIOLE CIZE					CEMENTING RECORD							
HOLE SIZE	CASI	NG & TU	BING	5125		DEPTH SET	·	<u> </u>	ACKS CEME	:NI		
						<del> </del>						
, TEST DATA AND REQUES	T FOR AI	LOWA	BLE		<u> </u>	<del></del>		L	<del></del>	<u></u> J		
IL WELL (Test must be after re				oil and must					or full 24 hour	s.)		
Date First New Oil Run To Tank	Date of Test			•	Producing Mo	thod (Flow, pw	mp, gas lýt, e	ic.)				
ength of Tex	Tubing Press	aire.			Casing Press	ıre	<del></del>	Choke Size	<del></del> -			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
						<del></del>	<del></del> -	<u> </u>	<del></del>	i		
GAS WELL	(1				Dols. Cooden		···-	125-1100-22-2				
Actual Prod. Test - MCF/D Length of Test					Bols. Conden	DEMMCF		Gravity of Condensate				
csting Method (pitot, back pr.)	Tubing Press	nue (Sym-i	(۵	····	Casing Press	ine (Shut-ia)	<del></del>	Choke Size				
	ļ				\			<u> </u>		:		
/I. OPERATOR CERTIFICA				ICE		JII CON	SERVA	I MOLTA	JIVISIO	M		
I hereby certify that the rules and regular Division have been complied with and the	OIL CONSERVATION DIVISION											
is true and complete to the best of my to	Date ApprovedJAN 0 6 1994											
L / 1	Date Approved											
Harvarte C.	WKC	MM/ c	en		∥ ву_	OF	RIGINAL S	GNED BY	JERRY SE	CTON		
Signature Barbara Wickham	DISTRICT I SUPERVISOR											
Printed Name	015		Tide	: 1	Title							
01-04-94 Date	910	-685- Telep	1 sport		11							
		······			11		-					

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.

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

### 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

		IO IHA	NSP	OHIOIL	AND NATURAL GA	Well A	Pl No.				
Operator				30-025-08650							
Smith & Marrs, In Address							- 17. 1-110				
P.O. Box 863, Ker	mit,	TX 79	745		Other (Please expl	ain)		1			
Reason(s) for Filing (Check proper box)		Change in	Трапер	orter of:							
New Well	Oil	Cuanke in	Dry G								
Recompletion	Casinghea	d Gas	Conde	F-7	Effect	ive_1/	1/89				
cataling of the operation in the cataling of t											
nd address of previous operator			<u>.v.</u>	ROX 8	/I, LUDDOCK,	1V / 7.41	70				
I. DESCRIPTION OF WELL	AND LEA	Well No.	Pool N	ng Formation		Kind of Lease Lease N					
Lease Name Cone Jalmat  Yates Pool Unit T  Location	r. 6	# 1 1.0.	1		anta Rosa	State,	Federal or Fee	E-39	6-2		
Unit LetterI	: <u>198</u>	0	Feet F	rom The So	outh Line and 660	Fe	et From The _	East	Line		
Section 24 Townshi	p 22S		Range	35E	, NMPM, Le	ea			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil Water Supply Well		or Conde			Address (Give address to w	vhich approved	copy of this fo	orm is to be se	n1)		
Name of Authorized Transporter of Casin			or Dr	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.		Twp. Rge.		Is gas actually connected?	When	When ?				
If this production is commingled with that	from any of	her lease or	pool, g	ive commingl	ing order number:						
IV. COMPLETION DATA						<u> </u>	1 10 2 2	Come Dealer	Die bass		
Decignate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion  Date Spudded	Date Compl. Ready to Prod.				Total Depth	1	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormatic	on	Top Oil/Gas Pay		Tubing Depth				
Perforations					1		Depth Casir	ng Shoe	-		
		TURING	. CAS	SING AND	CEMENTING RECO	RD					
HOLE SIZE		ASING & T			DEPTH SE		SACKS CEMENT				
LIOCE OILE	<u> </u>										
							-				
AL MEDOR DAMA AND DECAUS	CT EOD	ALLON	ADI	F			<u> </u>				
V. TEST DATA AND REQUE	SI FUK	ALLUN	e of los	d oil and mus	t be equal to or exceed top a	illowable for th	is depth or be	for full 24 hou	urs.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		2 0) 100	C C 10 10 10 17 10 10 10 10 10 10 10 10 10 10 10 10 10	Producing Method (Flow,	pump, gas lft,	elc.)		<u>-</u>		
Length of Test	Tubing P	ressure			Casing Pressure		Choke Size				
	I doing I					Gas- MCF					
Actual Prod. During Test	Prod. During Test Oil - Bbls. Water					Water - Bbls. Gas- MCF					
GAS WELL	<u> </u>				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Genvitu of	Condensate			
Actual Prod. Test - MCF/D	Length o	of Test			Bbls. Condensate/MMCF	Gravity of Condensate					
Testing Method (pitot, back pr.)	ing Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke Size					
VI. OPERATOR CERTIFIC  I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	ulations of the	he Oil Cons formation (	servatio given ab	n	OIL CC	)NSEFI\	*	PIVISI R 2 5	1 <b>989</b>		
					By	ORIG	INAL SIGN	ED BY JER	RY SEXTO		
Signature Jeanelle William	ne	ת	gen:	<del>†</del>	By		DISTRICT	-   SUPERVI	20K		
Printed Name			Titl	le	Title						
4/24/89			) 3 elephor	92-331 ne No.	9						

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.

RECEIVED

APR 24 1989

OCO MOSES OFMOR