

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Melrose Operating Co. P.O. Box 5061 Midland, Texas 79704 (915) 685-1761		<sup>2</sup> OGRID Number 184860
		<sup>3</sup> Reason for Filing Code Change of Operator 12-01-99
<sup>4</sup> API Number 30 - 025 - 08650	<sup>5</sup> Pool Name Jalmat-Tansili Yates Seven Rivers	
<sup>6</sup> Pool Code 33820		
<sup>7</sup> Property Code 25203	<sup>8</sup> Property Name Cone Jalmat Yates Pool Unit <del>FEED</del>	<sup>9</sup> Well Number <del>601</del> 601

II. <sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
I	24	22S	3SE		1980	South	660	East	Olea

<sup>11</sup> Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code WTR Supply	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description

IV. Produced Water

<sup>23</sup> POD 2276450	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
Signature: <i>Michael Corjay</i>		Approved by: <i>[Signature]</i>	
Printed name: Michael Corjay		Title:	
Title: Vice President		Approval Date: JAN 06 2000	
Date: 12/27/99	Phone:		
<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator			
SDX Resources, Inc.		020451	
Previous Operator Signature: <i>[Signature]</i>		Printed Name: John Pool	
		Title: Vice President	
		Date: 12/22/99	

dp



Submit 5 Copies  
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DISTRICT I  
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P.O. Drawer DD, Artesia, NM 88210

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1000 Rio Brazos Rd., Aztec, 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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>SDX RESOURCES, INC.</b>		Well API No. <b>30-025-08650</b>
Address <b>P. O. Box 5061, Midland, TX 79704</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective - <b>09-01-93</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator <b>Smith &amp; Marrs, Inc. P. O. Box 863, Kermit, TX 79745</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cone Jalmat</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Jalmat- Santa Rosa</b>	Kind of Lease State, Federal or Fee	Lease No. <b>E-396-2</b>
Yates Pool Unit Tr. 6				
Location Unit Letter <b>I</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>24</b> Township <b>22S</b> Range <b>35E</b> , <b>NMPM</b> , <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Water Supply Well</b>						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Soc.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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			P.D.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Signature **Barbara Wickham** Agent  
Printed Name **01-04-94** Title **915-685-1761**  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 06 1994**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

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Revised 1-1-89  
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Address <b>P.O. Box 863, Kermit, TX 79745</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective <b>1/1/89</b>
If change of operator give name and address of previous operator <b>J. R. Cone, P.O. Box 871, Lubbock, TX 79408</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cone Jalmat</b>	Well No. <b>41</b>	Pool Name, Including Formation <b>Jalmat-Santa Rosa</b>	Kind of Lease State, Federal or Fee	Lease No. <b>E-396-2</b>
Location Unit Letter <b>I</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>24</b> Township <b>22S</b> Range <b>35E</b> , NMPM, <b>Lea</b> County				

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Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
**Jeanelle Williams** Agent  
Printed Name  
**4/24/89** Title  
**(505) 392-3319**  
Date  
Telephone No.

OIL CONSERVATION DIVISION

APR 25 1989

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title

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RECEIVED  
APR 24 1989  
OCD  
HOBBS OFFICE