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

DISTRICT II P.O. Drawer DD, Antesia, 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

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEILLO JUN 2 7 1991 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator	TO TR	ANSPORT C	IL AND NATURAL	GAS	RTESIA C. D.	•,	
SDX Resources, Inc.		We	WELL APINO. OFFICE				
Address		300150322000S1					
P.O. Box 5061, Midla	nd, Texas 797	04					
Reason(s) for Filing (Check proper bo	*		Other (Please ex	rplain)			
Recompletion		Transporter of:	1				
Change in Operator	Oil Casinghead Gas	Dry Gas	Deenation of				
If change of operator give name			Effective Ma				
and address of previous operator Ce	ntral Resource	s, Inc., 1	776 Lincoln St.,	Suite	1010, Denve	er, co	80203
II. DESCRIPTION OF WELL Lease Name							
Leonard B Federal	Well No.	Pool Name, Inclu	ding Formation Queen		d of Lease	1	ease No.
Location		Grayburg (<u> Iackson-Grayburg</u>	SA State	Federallor Fee	LC C	7459
Unit LetterA	:330	Feet Emm The	N Line and 3	20			
Sauta 33 -			Line and3	301	Feet From The	E	Line
Section 33 Town	ship 17S	Range 29E	, NMPM,	Eddy	_		County
III. DESIGNATION OF TRA	NSPORTER OF O	II. AND NATI	IDAL CAC				County
a realistic right porter of Oil	or Conden	sale	Address (Give address to	which approve	d convertible for	 -	
Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent) P.O. Box 42130, Houston, Texas 77242				
N/A	anghead Gas	or Dry Gas	Address (Give address to	which approve	d copy of this form	is to be se	ent)
If well produces oil or liquids.	Unit Sec.	Twp. Rge	. Is gas actually connected?	 ,			
give location of tanks.	1 2 1 22 1	170 1 200	1	Whe	n ?		
If this production is commingled with the IV. COMPLETION DATA	at from any other lease or j	ool, give comming	ling order and t	N/A			
	Oil Well	1 0					·
Designate Type of Completion	n - (X)	Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	J	DR TR		1
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					P.B.T.D.		
			Top Oil/Gas Pay		Tubing Depth		
Perforations							
					Depth Casing Sh	0e	
TUBING, CASING AND			CEMENTING RECOR	D C			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					7-12-91		
. TEST DATA AND REQUEST FOR ALLOWABLE				Cho. Op			
IL WELL (Test must be after	SI FOR ALLOWA	BLE			·		
Date First New Oil Run To Tank	Date of Test	toda ou ana must	be equal to or exceed top allo Producing Method (Flow, pu	wable for this	depth or be for fu	124 hours	.)
anoth of The			Troubling Medica (1 10W, pu	mp, gas iyi, ei	(c.)		
ength of Test	Tubing Pressure		Casing Pressure		Choke Size		
ctual Prod. During Test Oil - Bbls.			Water - Bbls.				
	5.1. Dois.		WALET - DOIS.		Gas- MCF		
GAS WELL							
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of C1			
sting Method (pitos, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Gravity of Condensate		
oung mented (puos, ouck pr.)					Choke Size		
I. OPERATOR CERTIFIC	ATE OF COMPL	TANGE					
I hereby certify that the rules and regula	ations of the Oil Consomer	: 1	OII CON	SERVA	TION DIV		1
Division have been complied with and is true and complete to the best of my	that the information given.	above	0.2001			12101	1
in the tast complete to the best of many	mowledge and belief.		Date Approved		UL 0 1 199	4	
LTT /441					v x 199	•	
Signature Steve Sell President			By ORIGINAL SIGNED BY				
Printed Name			MIKE WILLIAMS				
June 20, 1991 915-695-1761			Title SUPERV	ISOR, DIS	STRICT IP		
Date	Telepho						

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.