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

JAN - 8 1992

RECEIVED

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION OFFICE TO TRANSPORT OIL AND MATURE!

<u>l.</u>		<u>O TRAN</u>	<u>SPORT OIL</u>	<u>- AND NA</u>	TURAL GA	4S					
Operator SDX Resources, Inc.				,				I API No. 00150375800S1			
Address				71.6-7.	-	1					
P.O. Box 5061, Midland Reason(s) for Filing (Check proper box)	, Texas	79704		01	- (0)			· 			
New Well	(Change in To	ansporter of:		iet (Please expla	iin)					
cw Well Change in Transporter of: ccompletion Oil Dry Gas Effective Date January 1, 1992											
Change in Operator	Casinghead	Gas C	ondensate		BITECTIV	e Date	January	7 1, 1992	2		
If change of operator give name and address of previous operator			*****								
II. DESCRIPTION OF WELL.	AND LEA	SE									
Lease Name Leonard B Federal Well No. Pool Name, Includi				i e			of Lease No. Federal or Fee LC 07459				
Location			Grayburg' J	ackson-0	rayburg	SA State,	ederal of re	e LC	07459		
Unit LetterB	330	Fe	ect From The	N Lin	e and) Fc	et From The	Е	Line		
Section 33 Township	<u>175</u>	R	ange 29E	, N	мрм,	Eddy			County		
III. DESIGNATION OF TRAN	SPORTEF	OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condensat			ve address to wh	ich approved	copy of this f	orm is to be see	nt)		
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. Box 159, Artesia, New Mexico 88210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?						
If this production is commingled with that i			17S 29E	ing order num	No No						
IV. COMPLETION DATA	ioni any onic	r rease or poc	w. Rive continuing	ing order num	per: N/A				 -		
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe				
								Depth Casing Shoe			
	CEMENTING RECORD										
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
							ļ				
V. TEST DATA AND REQUES	T FOR AL	LOWAR	F								
				be equal to or	exceed top allo	wable for this	depth or be t	or full 24 hour.	r.)		
OIL WELL (Test must be after recovery of total volume of load oil and must 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 - Bbis.			Gas- MCF				
CA CANDA A											
GAS WELL Actual Prod. Test - MCF/D	Length of Te	t ta	···	Bbls. Conden	cate/MAN/CE		16				
				DOIS. CARGO	on with the		Cravity of C	odoensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF C	COMPLI	ANCE	l		 -					
I hereby certify that the rules and regular	tions of the O	il Conservatio	on	(DIL CON	SERVA	I NOITA	OIVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
		~~		Date	Approved	JAN	1 5 199	7			
Doute					00:0444	COLLE	N DV				
Signature Const				By <u>Original Signed BY</u> Mike Williams							
Printed Name Title				Title SUPERVISOR, DISTRICT #							
1-7-92 Date	(915)	685-1	761								

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.