Status 1 Copies       State of New Mexico       Function Copies         Different       Energy, Minerals and Natural Resources Departs	
7.0. sol Jown Root, PM 68200       OIL CONSERVATION DIVISION       RECEIVED Bolum of Pm         P.O. Box 2088       JUN 2.8 1991         Santa Fe, New Mexico 87504-2088       JUN 2.8 1991         DISTRICTIL       BEOUEST FOR ALLOWABLE AND AUTHORIZATION       O. C. O.         I       TO TRANSPORT OIL AND NATURAL GAS       Attress Office         SDX       SDX Resources, Inc.       Well XPLNS         Address       OFFIC       Control (France copion)       Mell XPLNS         New Weil       Control (France copion)       New Mexico 88211-0481         IL DESCRIPTION OF WELL AND LEASE       Lease Name       Lease Name       Lease Name         Uait Letter       B       : 660       Freet From The       Nume of Auborized Transporter of Control (Inc. P. P.O. Box 481, Artesia, New Mexico 88211-0481         IL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Nume of Auborized Transporter of Con	
DISTRICT III       Santa Fe, New Mexico 87504-2083       JUN Z 8 1931         INDER REQUEST FOR ALLOWABLE AND AUTHORIZATION       ARTESN. OFFC*         Spin Resources, Inc.       Well APING.         Address       P.O. Box 5061, Midland, Texas 79704         Reacould for Filing (Check proper box)       Other (Please explain)         New Well       Change in Transporter of.         Reconstruction       Oil         Dy Gas       Other (Please explain)         It of ange in Openacy       Catagehad Gas         Catage in Transporter of.       Contage in Transporter of.         Reconstruction       Oil         It of ange in Openacy       Catagehad Gas         Catagehad Gas       Condenate         It of ange in Openacy       Catagehad Gas         It of ange in Openacy       Other (Please explain)         New Well       Catagehad Gas         Interpretation       Other (Please explain)         It of ange in Openacy       Catagehad Gas         It of ange in Openacy       Catagehad Gas         It of ange in Openacy       Catagehad Gas         It of ange in Openacy       Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481         It of ange in Openacy       It of angehad Gas       Catagehad Gas         Lease Name </td <td></td>	
IL TO TRANSPORT OIL AND AUTHORIZATION OF WEIL AND RANUPAL GAS         Gerator         Weil API No.         SDX Resources, Inc         Weil API No.         Material Check proper box)         Other (Please explain)         Weil API No.         Moreace, Inc         Colspan="2">Other (Please explain)         New Weil Charge in Transporter of:         Research proper box)         Colspan="2">Other (Please explain)         New Weil Charge in Transporter of:         Research previous operator give earne         Other (Please explain)         New Weil Charge of operator give earne       Moreaco, Inc., P.O. Box 481, Artesia, New Mexico 88211–0481         I. DESCRIPTION OF WELL AND LEASE         Lease Name       2       Square Lake-GR-SA       State, Cargerian Per E       Lease No.         Desition       3       Township       17S       Range 30E       MMPM, Eddy       Court         NMPM       Eddy       Court         NMPM       Eddy       Court         Name of Authoride Transporter of Oti       or Condeneate       Addrest (Give eddress to	
Operator       Weil AFI No.         SDX Resources, Inc.       Weil AFI No.         Advest       P.O. Box 5061, Midland, Texas 79704         Reason(b) for filing (Check proper box)       Change in Transporter of:         New Well       Change in Transporter of:         Catage in Operator       Oil       Dry Gas         Recompletion       Oil       Dry Gas         Catage in Operator       Morexco, Inc., P.O. Box 481, Artesia, New Mexico       88211–0481         II. DESCRIPTION OF WELL AND LEASE       Lease Name       Well No. Pool Name, Including Formation       Kind of Lease         Parke       2       Square Lake-GR-SA       State, Codentyr Fee       Lease Na.         Location       Uait Letter       B       660       Feet From The       Ning M. Eddy       Count         Mine of Auborized Transporter of Dil       or Condentate       Address (Give address to which approved copy of this form is to be serie)         Water Injection Well       or Condentate       Address (Give address to which approved copy of this form is to be serie)         Water Injection Well       Sec.       Twp.       Reg.       Is as actually connected?         What of aluborized Transporter of Claighead Gas       or Ory Gas       Address to which approved copy of this form is to be serie)         Water Injection Well	
Address       P.O. Box 5061, Midland, Texas 79704         Reacon(i) friing (Check proper box)       Change in Transporter of:         New Weil       Change in Transporter of:         Recompletion       Oil       Dry Gas         Change in Operator       Change in Transporter of:       Effective July 1, 1991         If change of operator       Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481         II. DESCRIPTION OF WELL AND LEASE       Lease Name         Lease Name       Well No.       Pool Name, Including Formation         Barkee       2       Square Lake-GR-SA         Location       Unit Letter       B       : 660         Value Letter       B       : 660       Feet From The       N         Section       3       Township       TS       Range       30E       NMPM, Eddy       Court         Water Injection Well       or Condensate       Addrest (Give address to which approved copy of this form is to be seeel)         Water Injection Well       Unit See.       Twp.       Reg.       Is gas schulty connected?       When ?         Weil produces oil or liquids, give is constrained to address to which approved copy of this form is to be seel)       If while produces oil or liquids, give is constrained to address to which approved copy of this form is to be seel)         Water Injection	
Rescond() for Filing (Check proper box)       Other (Please explain)         New Weil       Change in Transporter of:         Recompletion       Oil       Dry Gas         Change in Operator       X       Casinghead Gas       Condensate         If change of previous operator       MOTEXCO, Inc., P.O. BOX 481, Artesia, New Mexico       88211–0481         II. DESCRIPTION OF WELL AND LEASE       East Name       Weil No. Pool Name, Including Formation       Kind of Lease       Lease No.         Park/e       2       Square Lake-GR-SA       State, Casterior Feet       LC-02920J         Location       Unit Letter       B       : 660       Feet From The       Numph, Eddy       Court         Name of Auborized Transporter of Oil       or Condensate       Interpret of Oil or Condensate       Address (Give address to which approved copy of this form is to be sent)         Water Injection Well       Or Condensate       Address (Give address to which approved copy of this form is to be sent)         Name of Auborized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Water Injection Well       Oait       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         If well produces oil or liquids, give oddress of pooi, give commingling order number:       V/V <td></td>	
New Weil       Change in Transporter of:         Recompletions       Oil       Dry Gas         Gange in Operator       Casinghead Gas       Condensate         If change of operator give same and Addreed Operator give addrees to which approved copy of this form is to be send)         Unit Letter       B       : 660       Feet From The       N Line and 1980       Feet From The	
Change in Operator       X       Casinghead Gas       Condensate       Effective July 1, 1991         If change of operator give name and address of provisous operator       MOTEXCO, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481         II. DESCRIPTION OF WELL AND LEASE       Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease         Parke       2       Square Lake-GR-SA       State, Gederalor Fee       Lease No.         Location       Unit Letter       B       : 660       Feet From The       N       Line and       1980       Feet From The       E         Socion       3       Township       17S       Range       30E       , NMPM, Eddy       Court         Mate of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be servi)         Water Injection Well       or Condensate       Address (Give address to which approved copy of this form is to be servi)         If well produces oil or liquids, give location of liquids, give location of liquids.       Unit       See.       Twp.       Rge.       Is gas scually connected?       When ?         If well produces oil or liquids.       Unit       See.       Twp.       Rge.       Is gas scually connected?       When ?         If well produces oil or liquids.       Unit	
and address of previous operator       MOLEXCO, InC., P.O. Box 481, Artesia, New Mexico 88211-0481         II. DESCRIPTION OF WELL AND LEASE       Lease Name       Well No.       Pool Name, lociuding Formation       Kind of Lease       Lease No.         Back Name       2       Square Lake-GR-SA       State, Geteral/Dor Fee       LC-02920J         Location       0       1980       Feet From The       New Mexico 88211-0481         Usit Letter       B       :660       Feet From The       New State, Geteral/Dor Fee       LC-02920J         Usit Letter       B       :660       Feet From The       New State, Geteral/Dor Feet       Feet From The       E         Section       3       Township       17S       Range       30E       NMPM,       Eddy       Count         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authonized Transporter of Calinghead Gas       or Ory Gas       Address (Give address to which approved copy of this form is to be servi)         Name of Authonized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be servi)         Water Injection Well       Usit       Sec.       Twp.       Reg.       Is gas actually connected?       When ?         ''s walk of or liquids, give location of task.       I       I       Is gas	
Lease Name       Well No.       Pool Name, Including Formation       Kind of Lease       Lease No.         Parke       2       Square Lake-GR-SA       State, Gederal for Fee       Lease No.         Location       Unit Letter       B	
Parke       2       Square Lake-GR-SA       State, Geternflor Fee       LCC.02920J         Uait Letter       B       :       660       Feet From The       N       Line and       1980       Feet From The       E         Section       3       Township       17S       Range       30E       , NMPM,       Eddy       Count         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be servi)         Water Injection Wel1       or Condensate       Address (Give address to which approved copy of this form is to be servi)         If well produces oil or liquids, jive location of tanks.       Uait       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         I'duis produces oil or liquids, ive location is no other lease or pool, give commingling order number:	
Unit Letter       B       :       660       Feet From The       N       Line and       1980       Feet From The       E         Section       3       Township       17S       Range       30E       , NMPM,       Eddy       Count         Name of Authorized Transporter of Oil       Or Condensate       Address (Give address to which approved copy of this form is to be seni)         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be seni)         If well produces oil or liquids, give location of the form any other lease or pool, give commingling order number:       When ?         V. COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res v       Mrf Ro         Date Spudded       Date Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res v       Mrf Ro         Date Spudded       Date Completion - (X)       Oil Well       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       Depth Casing Shoe       Depth Casing Shoe       Depth Ca	
Section       3       Township       17S       Range       30E       NMPM,       Eddy       Court         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil       or Condensate       Address (Give address to which approved copy of this form is to be seni)       Mater Injection Well         Name of Authorized Transporter of Casinghead Gas       or Dry Gas       Address (Give address to which approved copy of this form is to be seni)         If well produces oil or liquids, give commingling order sumber:       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         If this production is commingled with that from any other lease or pool, give commingling order number:       Unit       Gas Well       New Well       Workover       Deepen       Plug Back       Same Resv       Drift R.         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Resv       Drift R.         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       Depth Casing Shoe       Depth Casing Shoe <td>•</td>	•
In the second s	Line
Water Injection Well       or Condensate       Address (Give address to which approved copy of this form is to be sent)         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, give kocation of tanks.       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         (1 this production is commingled with that from any other lease or pool, give commingling order number:       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res'v       Mff Red         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res'v       Mff Red         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       UBING, CASING AND CEMENTING RECORD       Depth Casing Shoe       Depth Casing Shoe	nty}
Watter Injection Well         Name of Authorized Transporter of Casinghead Gas       or Dry Gas         If well produces oil or liquids, jve location of tanks.       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         If well production is commingled with that from any other lease or pool, give commingling order number:       V.       COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res'v       Diff Rd         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       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe       Depth Casing Shoe	j
If well produces oil or liquids, jive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING, CASING AND CEMENTING RECORD	
ive location of tanks.       Image: Ima	
V. COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res'v       Diff Ride         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       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe	
Designate Type of Completion - (X)       Image: Completion - (X)         Date Spudded       Date Compl. Ready to Prod.       Total Depth         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oil/Gas Pay         Perforations       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD         HOLE SIZE	
Elevations (DF, RKB, RT, GR, etc.)     Name of Producing Formation     Top Oil/Gas Pay     Tubing Depth       Perforations     Depth Casing Shoe	ics'v
Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE	
Perforations	
TUBING, CASING AND CEMENTING RECORD	
Port ID-3	
7-12 91	
. TEST DATA AND REQUEST FOR ALLOWABLE	
IL 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 Bbis. Condensate/MMCF Gravity of Condensate	<u> </u>
esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
Gloke Sile	
I. 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 conservation	1
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	]
Signature By ORIGINAL SIGNED BY	]
Printed Name Agent Nike WILLIAM3	
6-27-91 (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 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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.