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
RECEIVED^{t Bottom} of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

LEEL BY NOT

DISTRICT III 1000 Rio Brazos Rd. Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS ARTES								C. D. IA, OFFICE		
Operator SDY Pagellands I			***			Well A	PI No.			
SDX Resources, I										
P.O. BOX 5061, M Reason(s) for Filing (Check proper box)	lalana,	Texas	79704	Oth	er (Please explai	<u></u>				
New Well		Change in Tr	ansporter of:		ci (i ieuse expiai	n)				
Recompletion U	Oil		ry Gas							
Change in Operator X If change of operator give name			ondensate		tive July					
and address of previous operator MOI	exco, Ir	nc., P.	0. Box 48	l, Artesi	a, New Me	exico 8	38211-0481	·		
II. DESCRIPTION OF WELL	AND LEA	SE			•					
Lease Name	Well No. Pool Name, Inclu				340			Lease No.		
Western Yates State 1 Artesia-Q				-GR-SA (State			Federal or Fee	647		
Unit Letter F	:16	50 Fe	ed From The _	NLine	and) Fee	t From The	W Line		
Section 20 Towns	nip 18S	Ra	ange 28	E , NI	ирм, ј	Eddy	····	County		
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTE	R OF OIL	AND NATU	RAL GAS						
	Address (Give address to which approved copy of this form is to be sent)									
Navajo Refining Company Pipeline Name of Authorized Transporter of Casinghead Gas or Dry Gas				P.O. Box 159, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)						
					· www est 10 Whi	un approved	copy of this form	is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit F	S∞. Tv 20 1		is gas actually	connected?	When	?			
If this production is commingled with that IV. COMPLETION DATA		er lease or poo	.8S 28E	NO ding order numb	er:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v Dist Res'v		
Date Spudded	Date Comp	l. Ready to Pro	xt.	Total Depth	L		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ation	Top Oil/Gas P	'a v		·			
				,,			Tubing Depth			
Perforations				<u> </u>			Depth Casing Sh	10e		
	T	JBING, CA	SING AND	CEMENTIN	G RECORD	<u>.</u>				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
		 	 				· · · · · · · · · · · · · · · · · · ·			
TECT DATA AND DECUS										
IL WELL (Test must be after to										
Onle First New Oil Run To Tank	Date of Test	u volume of to	da ou ana musi	Producing Mei	hod (Flow, pur	able for this	depih or be for fi	ill 24 hours.)		
					· · · · · · · · · · · · · · · · · · ·		•	- LI TD- :		
length of Test	Tubing Pressure			Casing Pressure			Choke Size Posted ID-3			
Actual Prod. During Test	rod. During Test Oil - Bbls.			Water - Bbls.			Gas-MCF La DP			
							Oas Mich To	my of		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
/I ODED ATOD CEDITERO	ATT OT	201/2-								
I. OPERATOR CERTIFIC I hereby certify that the rules and regulations of the results and regulations of the results are results.	ALE UP (il Conservatio	ANCE	$\ $	IL CONS	SERVA	TION DIV	/ISION		
Division have been complied with and	that the inform	ation given ab	w wve					VIOIOIY		
is true and complete to the best of my l	cnowledge and	belief.		Date	Approved	HUL	2 8 1991			
Los du				- 2	-FF. 0100	- CIONE	D BY			
Signature				∥ ву	ORIGIN	AL SIGNE				
Lori Lee Printed Name		Agent			MIKEW	ILLIAMS	STRICT 10			
6-27-91	(915)	685 - 17		Title_	SUPER	,,,,,,,				
Date		Telephon		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.

Telephone No.

- 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.