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

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	Santa Fe, New Mexico 87504-2088							JUN 2 8 1991		
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							O. C. D. ARTESIA, OFFICE		
Operator SDV Possessing Tr							API No.			
SDX Resources, In	nc.									
P.O. Box 5061, M. Reason(s) for Filing (Check proper box)	idland, T	exas	79704							
New Well	Ch	ange in Tr	ansporter of:	Oth	er (Please expl	ain)				
Recompletion	Oil		ry Gas							
Change in Operator X If change of operator give name More	Casinghead Ga	_=_	ondensate		tive Jul		91			
and address of previous operator MOL	exco, Inc.		D. Box 48	1, Artesi	a, New M	1exico	88211-048	31		
II. DESCRIPTION OF WELL Lease Name										
Transference of the second of				7			of Lease No. Federal or Fee			
Location	Artesia-	-Q-GR-SA			E-1821 Eacht					
Unit Letter B	_ :330	Fe	et From The	N Line	and198	0 F	eet From The	1000	Line	
Section 20 Townsh	ip 18S	Ra	inge 28E	,NN	ирм, Е	ddy			County	
III. DESIGNATION OF TRAN	SPORTER (F OIL	AND NATI	RAT. GAS						
Ivalie of Authorized Transporter of Oil		e address 10 wl	hich approved	copy of this for	m is to be se	eni)				
Navajo Refining Compar Name of Authorized Transporter of Casin		P.O. Box 159, Artesia, Ne				Jew Mexico 88210				
	Siero Car	or or	Dry Gas	Address (Give	e address to wh	tich approved	copy of this for	m is to be se	ini)	
If well produces oil or liquids, give location of tanks.	anks. B 20 18S 28E				connected?	When	. 7			
If this production is commingled with that IV. COMPLETION DATA	from any other lea	ase or poo	, give comming	ling order numb	er:					
	Oi	l Well	Gas Well	New Well	Workover	Deepen	Plug Back S.	D	low s	
Designate Type of Completion Date Spudded		-4	<u> </u>	Total Depth		L	I sing pack 12	ame Kes v	Diff Resv	
	Date Compl. Ready to Prod.						P.B.T.D.		 	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations										
							Depth Casing S	Shoe		
	TUB	NG, CA	SING AND	CEMENTIN	IG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
										
									·	
V. TEST DATA AND REQUES	T FOR ALL	OWABI	Æ	·						
OIL WELL (Test must be after re	ecovery of total vo	lume of lo	ad oil and must	be equal to or e	exceed top allo	mable for this	depth or be for	full 24 hour	x.)	
Date First New Oil Run To Tank	Date of Test			Producing Met	hod (Flow, pw	rup, gas lift, e	Ic.,		/ - o	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size / 00/10 12-91			
Actual Prod. During Test	0: 5:			Water - Bbls.			Gas-MCF Chg of			
Oil - Bbls.										
GAS WELL		-					L			
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 (Shui-in)			Choke Size			
I. OPERATOR CERTIFICA	ATF OF CO	MDIT	NCE				L			
I hereby certify that the rules and regula	tions of the Oil Co	nnservation	,	0	IL CON	SERVA	ATION DI	IVISIO	N	
Division have been complied with and the is true and complete to the best of my k	hat the information	n given ah	ove				JUN 2 8		. •	
		·		Date /	Approved	l	4 8	MAI		
Dou Lu	n	ORIGIT	VAL SIGN	LED BY						
Signature Lori Lee	Age	nt		Ву	MATRIC 1	*/11 A M 				
Printed Name 6-27-91	(9,0)10	Title		Title_	SUPER	RVISOR, E	DISTRICT #			
Date	(117)68	S / 7	<u>6/</u>	'o_					 .	

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.