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 Thergy, Minerals and Natural Resources Department

RECEIVED Revised See Instant Bottom

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 JUN 2 8 1991

DISTRICT III	Sant	a Fe, New M	lexico 8750	4-2088	30				
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	R ALLOWA	BLE AND A	AUTHORI	ZA HONL	O. C. D.	•		
I.	TO TRAN	ISPORT OI	L AND NAT	TURAL GA	45	IESHA,			
Operator					Well	API No.			
SDX Resources, Ir	ıc.						···		
P.O. Box 5061, Mi	idland, Texas	79704							
Reason(s) for Filing (Check proper box) New Well			Othe	t (Please expla	in)				
Recompletion	Change in Tr								
Change in Operator X		ondensate	Pff.og	tiro Tul	1 10	10.1			
If change of operator give name	······································			tive Jul					
• • • • • • • • • • • • • • • • • • • •		0. Box 48	l, Artesia	a, New M	exico	88211-048	1		
II. DESCRIPTION OF WELL Lease Name									
Wen No. Fool Name, Inch			•			of Lease No.			
_Mershon Location	l Artesia,			Q, GR, SA			Federal or Fee E-1821		
Unit Letter <u>E</u>	:2310	_							
Omi Letter	_ :231U Fe	eet From The	_NLine	and99	<u>00 </u>	eet From The	W	Line	
Section 21 Townsh	ip 18S R	ange 28E	, NM	IPM,	Eddy			County	
II. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Condensat	•	Address (Give	address to wh	ich approved	copy of this form	n is to be s	ens)	
Navalo Refining Company Pipeline						new Mexi			
Name of Authorized Transporter of Casin	ghead Gas or	Dry Gas	Address (Give	address to wh	ich approved	copy of this form	is to be si	ens)	
If well produces oil or liquids, give location of tanks.	Unit Sec. To	wp. Rge.	Is gas actually	connected?	When	?			
	8S 28E	No.							
f this production is commingled with that V. COMPLETION DATA	from any other lease or poo	ol, give comming	ling order numb	er:					
	Oil Well	Gas Well	New Well	Workover	T .	1		,	
Designate Type of Completion	- (X)	i	i i	WORDVE	Deepen	Plug Back Sa 	me Res'v	Diff Resiv	
Date Spudded	Date Compl. Ready to Pr	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			
		 							
HOLE SIZE		ASING AND)				
HOLE SIZE	CASING & TUBII	DEPTH SET			SACKS CEMENT				
					Post IO-3				
					7-12-91				
					Chs. Of				
. TEST DATA AND REQUES			<u> </u>			<u> </u>			
OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of total volume of land	oad oil and must	be equal to or e	xceed top allo	wable for this	s depth or be for j	full 24 hou	rs.)	
I Aug 10 1401	Date of lest		Producing Med	nod (Flow, pur	np, gas lift, e	ic.)		.,,_	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
	<u>-</u>								
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF				
GAS WELL	1	· · · · · · · · · · · · · · · · · · ·	1					-	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	IIc/MMCF		Cavity of Con-	(·	
			2 - 131 COMMUNICIPATION			Gravity of Condensate			
esting Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
A ODER ATOR CERTIFIC	ATE OF COLUMN	ANICE	<u> </u>						
I. OPERATOR CERTIFIC				ІІ СОМ	SEDV	ATION DI	Morc	\	
I hereby certify that the rules and regula Division have been complied with and t	that the information given a	on bove		IL OON		וט אטויר	V 1010	NA	
is true and complete to the best of my k	mowledge and belief.		Data	A norowa a	JUN	• • 1991			
			II Date	Approved					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Iori

Printed Name

6-27

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Agent

Tille

-1761

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.