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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

JUN 28 1991

RECEIVED

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATADIESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator SDX Resources, Inc. Address Post Office Box 5061, Midland, Texas 79704 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Change of Operator Effective 6-17-91 Dry Gas Recompletion Casinghead Gas Condensate Change in Operator Morexco, Inc., P. O. Box 481, Artesia, NM 88211-0481 If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State 647 State, Federal or Fee State 647 AC 721 217 Artesia-Q-GR-SA Location 1650 330 N Feet From The Line and Feet From The Line 18 S 28 E Eddy 34 Township Range , NMPM, County 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 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, Unit Rge. Is gas actually connected? When? give location of tanks WTW If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** SACKS CEMENT ID-5 7-12-91 V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) Choke Size Length of Test **Tubing Pressure** Casing Pressure Gas- MCF Actual Prod. During Test Water - Bbls Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Gravity of Condensate Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUN 2 ; 1991 is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY PILLUCCIA ULEON MIKE WILLIAMS Rebecca Olson SUPERVISOR, DISTRICT IT Agent Printed Name Title Title\_ 746-6520 June <u> 1991</u> <u>(505)</u>

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

Date

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

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