District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

District U

PO Drawer DD, Artesia, NM 88211-0719 District III

Previous Operator Signature

OIL CONSERVATION DIVISION

Form C-104
Revised February 21, 1994
Instructions on back
Appropriate District Office Submit to Appropriate District Office

T

1000 Rio Brazo District IV	4 Rd., A21	lec. NM 87410	Santa Fe, NM 87504-2088								5 Copie		
PO Box 2088, S												ENDED REPOR	
I.		REQUES	T FOR A	LLOWA	BLE A	ND A	OHTL	RIZAT	TOT NOT				
Operator name and Address SDX Resources, Inc.										¹ OGRID Number 020451			
P. O. Box 5061										' Reason for Filing Code			
Midland, TX. 79704													
• 4	Pl Numb	er				Pool Nam			NW			Pool Code	
30 - 0 15-23225			Art⊕Qn					03230					
' Property Code 009814			Dunn B	Property N	me				* Well Number				
II. 10 S	Surface	Location			·	 -							
Ul or lot no.	Section	Township	Range	Lot.lda	Feet from the North/South		South Line	Feet from the	n the East/West line County				
Е			28E			1550'		rth	660'	West Eddy		Eddy	
		Hole Lo										<u> </u>	
UL or lot no.			Range Lot Ida		· ·	Feet from the		South line rth	Feet from the 660'	East/We West	st line	County Eddy	
12 Lee Code		cing Method C		Connection Da	1	C-129 Perm			C-129 Effective			,	
F	P	•					at Mulde	'	C-129 Effective	Date	'' C•	129 Expiration Date	
II. Oil ar	nd Gas	Transpor	ters				·			1			
Transporter OGRID		3.	" Transporter Name and Address			²⁸ POD ²¹ O/G		" POD ULSTR Location					
015694	015694 Navajo R		efining Co.			2230910 0			and Description				
	P. O. Bo Artesia,		x 159			2230)10			Part ID 2 3-24-45				
						813936 G					Shu	P 4 /3K	
	P	. O. Box 5050									,		
	В	artlesvi	ille, OK	74004		(0.40 - 1.50 - 1.50 <u>- 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50</u>		\$5.00 A \$8.00 A					
						99			F	REC	這		
<u>Carterial en 1920</u>						m. romando	and the second	Maria de la composición del composición de la co	<u> </u>			روا	
							a	y		FEB	23	1995	
V. Produ	ced W	ater			weigh.	Mark Milandage	<u> </u>	Money		un 🙈		A GOVE	
³ P			POD ULSTR Location and Description DIST. 2										
/ Wall C	'omple	tion Data								ינ <u>ט</u> ו		• 63	
H Spuc		uon Data	³⁴ Ready Date			" TD			²² PBTD ²⁵ Perforations				
			/18/94 3060			30			2899–3003			3003	
Hole Size			11 Casing & Tubing Size			¹¹ Depth Set			¹³ Sacka Cement			Cement	
17-1/2" 11"			13-3/8"			410'			550 sxs C1 C				
7-7/8''			8-5/8"			2800'			1	1350 sxs C1 C			
7 7 7 0			5-1/2" Liner			Top-2556'; Btm-3058			-3058'	80 sxs	s Cl	С	
I. Well 7	Cost D		2-//8	3" Tubin	g	29	940'						
Date Net			livery Date	» T	. D	·	1						
1/06/95		1/6/9					Test Length hrs		Tbg. Pressure		" Csg. Pressure 50		
"Choke Size Open		1	" Oil " Wate 18 205			38 Gas					" Test Method		
	that the -	<u>l</u>									T	ester	
I hereby cerufy	mounthor	tiven above is	onservation Div	naion have been ete to the best o	of my		OI	I CON	SERVAT	ON DI	VICI	011	
mowledge and belief							OIL CONSERVATION DIVISION Approved by ORIGINAL SIGNED BY TIM W. GUM						
Printed name							Approved by: ORIGINAL SIGNED BY TIM W. GUN Title: Title:						
VJohn Pool													
Vice President							Approval Date: FEB 2 8 1995						
The state of operator fill in the OGRID number and name of the pre-													
n man ne e cpe	mge of ope	erator fill in the	e OGRID num	er and name o	of the previ	ous operate	r						

Printed Name

Title

Date

New Mexico Di: Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABLED TAMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60° Report all oil volumes to the nearest whole barrel

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (include volume requested)

requested)

If for any other reason write that reason in this box,

- 4 The API number of this well
- 5 The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9 The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.

13. The producing method code from the following table:

Flowing Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table:
 O Oil
 G Gas

- The ULSTR location of this POD if it is different from well completion location and/a snort description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24
- MO/DA/YR drilling commenced 25
- 26. MO/DA/YR this completion was ready to produce
- 27 Total vertical depth of the well
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- 30 Inside diameter of the well bore
- 31 Outside diameter of the casing and tubing
- 32 Depth of casing and tubing. If a casing liner show top and
- 3.3 Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43 MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report. 46
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.