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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 1.111M 2 Q Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION D

Santa Fe, New Mexico 8750-

P.O. Box 2088

IVISION	2014 & 8 1991
4-2088	O. C. D. ARTESIA, OFFICE

DISTRICT III	Santa	Fe, New M	fexico 875	04-2088	ARTES	A. OFFIC-			
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FOR	ALLOWA	BLE AND	AUTHORI	ZATION				
I. TO TRANSPORT OIL AND NA Operator SDX Resources, Inc.						Well API No.			
Address Post Office Box	x 5061, Midla	nd, Tex	as 7970	04					
Reason(s) for Filing (Check proper box)				er (Please expl	ain)				
New Well	Change in Tra		Char		0-0	D66-			
Change in Operator		y Gas \square	Cilai	ige or i	operati	or Effe	ctive (5-17-9	
If change of operator give name and address of previous operator	Morexco, Inc.		Box 48	31, Art	esia,	New Mex	ico 887	211-048	
II. DESCRIPTION OF WELL									
State 648 AC 8	ate 648 AC 811 Well No. Pool Name, Includi						Kind of Lease State, Federal or Fee Lease No. State 64		
Location Unit Letter G	:1980Fe	et From The	N Lin	e and1	980 _{Fe}	et From The	I	E Line	
Section 10 Townshi	p 19S Ra	nge	28 E , N	МРМ,		Ede	dy	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Condensate		Address (Giv			copy of this for			
Navajo Refining Name of Authorized Transporter of Casing		Dry Gas	P. O. Box 175, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)						
The state of the s	great Cas Or .	Diy Gas	Address (Giv	e address to wh	uch approved	copy of this for	m is to be sent	<i>y</i>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Tw	p. Rge. 19 \$ 28	Is gas actually	y connected?	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool	, give comming	ling order numi	per:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Pro	<u>l</u> d.	Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forma	Name of Producing Formation		Pay		Tubing Depth			
Perforations			<u></u>			Depth Casing	Shoe		
	TUBING, CA	SING AND	CEMENTO	IC PECODI	<u> </u>				
HOLE SIZE	CASING & TUBIN		CLIVILIAIII	DEPTH SET	<u> </u>	SA	CKS CEMEN	JT	
						STORE SERVERY			
V. TEST DATA AND REQUES									
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	ad oil and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hours.)	
	Date of Yest		Floducing Me	thod (Flow, pu	mp, gas lýt, el	c.)	1 / h	1-	
Length of Test	Tubing Pressure	Tubing Pressure		re		Choke Size Pasted ID-3			
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.	· · · · · · · · · · · · · · · · · · ·		Gas-MCF Ging OP			
GAS WELL			!						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressu	re (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COMPLIA	NCE	<u> </u>			L			
I hereby certify that the rules and regula Division have been complied with and the	tions of the Oil Conservation	n	C	IL CON	SERVA	TION D	IVISION	1	
is true and complete to the best of my ki	nowledge and belief.		Date	Approved	<u> </u>	JN 2'8 K	91		
Neurosa De	UI.I			•		-			
Signature Rebecca Olson Agent			_B y	By ORIGINAL SIGNED BY MIKE WILLIAMS Title: SUPERVISOR, DISTRICT IF					
Printed Name June 27, 1991	Title (505) 746-652	20	Title_	MIKE W SUPERV	illiams Isor, di s	TRICE IN			
Date	Telephon	No.			,	1110111			

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
- 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.