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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088 RECEIVED

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

JUN 2 7 1991

I.	REQUEST F	FOR ALLOV	VAB OIL	SLE AND NA	AUTHORIZ	ZATION	O. C. D.	2			
Operator SDX Resources,			<u> </u>		101111201		API No.	-			
Address											
Post Office Box		land, Te	xa								
Reason(s) for Filing (Check proper box) New Well		in Transporter of:	:	Oth	er (Please explo	iin)					
Recompletion	Oil [Dry Gas		Char	nge of (Operat	or Effec	tive	6-17-91		
Change in Operator K If change of operator give name MO r	Casinghead Gas Cexco, Inc.			 / Q T	<u> </u>	NIE V	, , , , , , , , , , , , , , , , , , , 	0 1			
and address of previous operator	exco, Inc.	, F. U.	БО.	X 401,	ALLESI	a, NM		01			
II. DESCRIPTION OF WELL							·				
Lease Name East Millman Un	.llman Unit Well No. Pool Name, Includ .llman Unit 147 E. Mi			_~_			of Lease No. Federal or Fee State 648				
Location				<u> </u>	2 010 011			bla	CG 040		
Unit LetterE	:1980	Feet From The	e	N Lin	e and	660 _{Fe}	et From The	W	Line		
Section 14 Towns	hip 19S	Range	28	BE , N	МРМ,		Eddy		County		
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NA	TUI	RAL GAS							
Name of Authorized Transporter of Oil	or Cond	ensate		Address (Giv	e address to wi	uch approved	copy of this form	is to be se	nt)		
Name of Authorized Transporter of Casi	nghead Gas	or Dry Gas		Address (Giv	e address to wi	uch approved	copy of this form	is to be see	nt)		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually connected? When ?							
If this production is commingled with that	WIW from any other lease of	or pool, give com	mingli	ing order num	ber:						
IV. COMPLETION DATA											
Designate Type of Completion		i	:11	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		*	P.B.T.D.		<u></u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing S	hoe			
	TIDDI	CA CDIO A	<u> </u>	CEL CEL ION				<u>,_</u> .			
HOLE SIZE CASING & TU					CEMENTING RECORD DEPTH SET		SACKS CEMENT				
								STORE CEMENT			
											
							 				
V. TEST DATA AND REQUE OIL WELL (Test must be after											
Date First New Oil Run To Tank	Date of Test	se of load oil and	must		exceed top allo ethod (Flow, pu			full 24 hour	rs.)		
								Doste	110-3		
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size	7-1.	2-91		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas-MCF Chg OP					
GAS WELL				<u></u>			1				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	sate/MMCF		Gravity of Con	densate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
III opposition	<u> </u>						<u> </u>				
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg				\parallel	OIL CON	ISERV	ATION D	IVISIO	N		
Division have been complied with an	d that the information g	iven above			J. _ J.	UL	ATION D	1.010	, 1 \		
is true and complete to the best of my	y knowledge and belief.			11	Approve	-	21994	•			
Ne vecea Gen	<u>Car</u> n				ORIGIN	JAI SICN	FD BY				
Signature Decca Olson Agent				By MIKE WILLIAMS							
Printed Name June 26, 1991	(505) 746	Tide -6520		H	SUPER	visor, D	ISTRICT IT				
Date		elephone No.					•	ł			

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.