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, Anesia, 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.		OR ALLOWA!				JUNE			
I. TO TRANSPORT OIL AND NATURA					GAS O. C. D. Well APARTESIA, OFFICE				
SDX Resources,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Address Post Office Bo	x 5061, Mid	land, Texa	as 7970	4					
Reason(s) for Filing (Check proper box)			er (Please expl	ain)				
New Well Recompletion	Change in	Transporter of:	Cha		0	n.c.c.		<i>c</i>	
Change in Operator	Casinghead Gas		Clia	nge or	operat	or Effec	ctive	6-17-9	
If change of operator give name and address of previous operator	rexco, Inc.		x 481,	Artesi	a, NM	88211-04	181		
II. DESCRIPTION OF WELL	L AND LEASE								
Lease Name Well No. Pool Name, Includi			1 1 1			of Lease No.			
East Millman U				<u>-0-GR-S</u>	A	Federal or Fee	Sta	ate 648	
Unit Letter A	:990	Feet From The _	N Lin	e and	330 F	et From The		E Line	
Section 15 Towns	ship 19S	Range 2	28E , n	МРМ,	-	Ed	ldy	County	
III. DESIGNATION OF TRA									
Name of Authorized Transporter of Oil	or Conde			e address to wi	hich approved	copy of this form	is to be se	nt)	
Name of Authorized Transporter of Cas	singhead Gas	or Dry Gas	Address (Gi	ve address to w	hich approved	copy of this form	is to be se	nt)	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actual	v connected?	When	·			
give location of tanks.	<u>i wiw</u> i				When	•			
If this production is commingled with th IV. COMPLETION DATA	at from any other lease or	pool, give comming	ling order num	ber:					
Designate Type of Completion	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		·I	P.B.T.D.		<u> </u>	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing S	hoe		
	TIRING	CASING AND	CEMENT	NC BECOR	D				
HOLE SIZE			CEMENTI	DEPTH SET			SACKS CEMENT		
						STORE CEMENT			
									
V. TEST DATA AND REQUI						<u> </u>		· · · · · · · · · · · · · · · · · · ·	
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total volume	of load oil and mus					full 24 how	rs.)	
Date First New Oil Run 10 120K	Date of Test		Producing M	ethod (Flow, pi	ımp, gas lift, e	etc.)	1	1000	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size 7-12-9/			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas-MCF Eng DP			
GAS WELL						1			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Con-	densate	- · · · · · · · · · · · · · · · · · · ·	
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF COL	OT TARICUM	-			1			
I hereby certify that the rules and reg				DIL CON	ISERV.	ATION D	IVISIC	N	
Division have been complied with ar is true and complete to the best of m	nd that the information give	en above	11			JL 0 1 199			
<u> Pelucia</u> el	150		Date						
Signature Rebecca Olson Agent				By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name		Title	Title	CHOK	RVISOR.	DISTRICT II	•		
June 26, 1991 Date		6520 ephone No.							

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.