

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>SDX RESOURCES, INC.</b>	Well API No. <b>30-015-02284</b>
Address <b>P.O. BOX 5061, MIDLAND, TX 79704</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> EFFECTIVE 6/1/93	
If change of operator give name and address of previous operator <b>MARBOB ENERGY CORPORATION, P.O. DRAWER 217, ARTESIA, NM 88210</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>WELCH FEDERAL</b>	Well No. <b>1</b>	Pool Name, including Formation <b>MILLMAN QUEEN GRAYBURG</b>	Kind of Lease <b>State, Federal</b>	Lease No. <b>NM-036194</b>
Location Unit Letter <b>C</b> : <b>330</b> Feet From The <b>N</b> Line and <b>2310</b> Feet From The <b>W</b> Line Section <b>22</b> Township <b>19S</b> Range <b>28E</b> , NMPM, <b>EDDY</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>NRC</b>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM</b>	Address (Give address to which approved copy of this form is to be sent)					
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 from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT <b>Port ID-3</b> <b>6-18-93</b> <b>cky op</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **Steve Sell** PRESIDENT  
Printed Name **STEVE SELL** Title  
Date **6/8/93** Telephone No. **(915) 685-1761**

OIL CONSERVATION DIVISION

Date Approved **JUN 09 1993**

By **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**

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.



OIL CONSERVATION DIVISION

P. O. BOX 7088  
SANTA FE, NEW MEXICO 87501

RECEIVED

FEB 4 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
M. & E.	
LAND OFFICE	
TRANSPORTER	1
OPERATOR	1
PRODUCTION OFFICE	1

Operator  
**Marbob Energy Corporation /**

Address  
**P. O. Drawer 217, Artesia, NM 88210**

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐

Dry Gas ☐  
Condensate ☐

Other (Please explain)

Effective 1/1/82

If change of ownership give name and address of previous owner **Harlan Oil Company, P. O. Box 688, Artesia, NM 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Welch Federal</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Millman Queen Grayburg</b>	Kind of Lease <b>State, Federal or Fee Federal</b>	Lease No. <b>NM0361</b>
Location Unit Letter <b>C</b> ; <b>330</b> Feet From The <b>N</b> Line and <b>2310</b> Feet From The <b>W</b> Line of Section <b>22</b> Township <b>19S</b> Range <b>28E</b> , <b>NMFLD</b> Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company/ Pipeline Div</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 175, Artesia, NM 88210</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook, Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks.	Unit <b>C</b> Sec. <b>22</b> Twp. <b>19S</b> Rge. <b>28E</b>
Is gas actually connected? <b>NO</b>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Well, Diff. Re		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of able for this depth or be for full 24 hours)

Date First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Posted ID-3  
Chrg. Operator  
2-19-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Clerk

February 1, 1982

OIL CONSERVATION DIVISION

FEB 15 1982

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 110.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition. This form must be filed for each pool in multi-