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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
ИС	
Well API No.	
30-015-02286	
['] 93	
TESIA, NM 88210	
Kind of Lease No.	
SANS Federal OX TOP LC-064670B	
Feet From The WLine	
EDDY County	
proved copy of this form is to be sent)	
proved copy of this form is to be sent)	
When ?	
pepen Plug Back Same Res'v Diff Res'v	
P.B.T.D.	
Tubing Depth	
Depth Casing Shoe	
SACKS CEMENT	
6-18-93	
chy op	
le for this depth or be for full 24 hours.) gas lift, etc.)	
Choke Size	
Gas- MCF	
Gravity of Condensate	
Choke Size	
EFIVATION DIVISION	
JUN 0 9 1003	

DOO Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR AL	LOWABI	LE AND A	UTHORIZ URAL GA	ATION S				
)perator		ANSPC	INT OIL	AND WAT	OT IT TE COTT	Well				
SDX RESOURCES, INC.	. /					3	0-015 - 022	286		
Address .										
P.O. BOX 5061, MID	LAND, TX 79	704		Othe	(Please explai	n)				
Reason(s) for Filing (Check proper box) New Well	Change	in Transpor	nter of:							
Recompletion	Oil [Dry Gas	F 1	EF	FECTIVE (6/1/93			ļ	
Change in Operator	Casinghead Gas	Conden	sale 🗌					 		
change of operator give name	RBOB ENERGY	CORPOR	ATION,	P.O. DR.	AWER 217	ARTESI	A, NM 8	8210		
and address or bicatons obermes.			:							
	ON OF WELL AND LEASE Well No. Pool Name, Including Formation						Kind of Lease Lease No.			
Lease Name FEATHERSTONE FEDERA	1 _	MILI	MAN QU	EEN GRBG	EAST	XXX	ederal OXXXX	LC-06	4670B	
Location								T.T	1.7	
Unit Letter D	:330	Feet Fr	om The	N Line	and9	90 Fe	et From The	W	Line	
	100		28E		иРМ,		EDDY		County	
Section 22 Townsh	19S	Range								
III. DESIGNATION OF TRA	NSPORTER OF	OIL AN	D NATUI	RAL GAS			-Cabia Con	m ie to he te		
Name of Authorized Transporter of Oil	or Con	densate		Address (Give	e address to wh	uch approved	copy of this jor	m is to be set	,,	
NRC		- D	Cro [Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casi	nghead Gas	or Dry		Nonces (O						
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	?		1	
give location of tanks.	i i		<u> </u>							
If this production is commingled with the	at from any other lease	or pool, gi	ve comuning!	ing order num	ber:	<u> </u>				
IV. COMPLETION DATA					Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	Oil Y n - (X)	Vell [Gas Well	New Well	HOLLOVEI	Dapan			i	
	Date Compl. Read	y to Prod.		Total Depth	J	.l	P.B.T.D.			
Date Spugged	ate Spudded Date Compi. Ready to From						ļ			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Cas	Pay		Tubing Depth			
,				<u> </u>			Depth Casing	Shoe		
Perforations				•			'			
	TIBIL	IG CAS	ING AND	CEMENT	NG RECOF	D				
LIOI C CIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE							Part ID-3		
							6	-18-7	<u> </u>	
								ng of		
The same and the s	IDOT FOR ALL C	WARI	<u> </u>	J						
V. TEST DATA AND REQU OIL WELL (Test must be after	er recovery of total vol	une of load	I oil and mus	t be equal to o	r exceed top al	lowable for th	is depth or be j	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	ump, gas lift,	eic.)			
Date I has seen a se	STE LIER LACK OUT YOUR TO YEAR						Choke Size	Choke Size		
Length of Test	Tubing Pressure			Casing Pressure						
				Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.									
GAS WELL	Length of Test			Bbls. Conde	nsale/MMCF		Gravity of C	Condensate		
Actual Prod. Test - MCF/D	Lugar or Tool	Length of Test						Choke Size		
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			CHOKE SIZE				
										
VI. OPERATOR CERTIF	ICATE OF CO	MPLIA	NCE		OIL CO	NSERV	'ATION	DIVISION	NC	
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.				0,200						
			Date ApprovedJUN_0 g 1003							
is true and complete to the best of t				Dal	e whhine					
/1/ /1				By.						
Signature					ORI	GINAL SI	GNED BY			
Signature PRESIDENT STEVE SELL PRESIDENT					- RAIL/	' \MIII A	MS	TM		
Printed Name	(915)	385–170		Title	s—— SUi	PERVISO	R. DISTRIC			
6/8/93 Date		Telephone								
- - · ·										

- 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.