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District I PO Box 1980, Hobbs, NM 88241-1980 District II			State of New Mexico Energy, Minerala & Natural Resources Department						SEP 16.'9		Form C-104 February 10, 1994 Instructions on back	
PO Drawer DD, Artesia, NM \$2211-0719 District III 1000 Rio Brazos Rd., Aztec, NM \$7410 District IV				OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088						Submit to Appropriate District Office		
										O. C. D. 5 Copies ARTESIA, OFFICE AMENDED REPORT		
O Box 2088, S			Г FOR A	LLOWA	BLE	AND AU	JTHOR	IZAT	ION TO TR			
Operator name and dodress							'OGRID Number 020451					
SDX Resources, Inc. V P. O. Box 5061										' Reason for Fläng Code		
Midland, TX 79704-5061					)	4 Pool Nam			CE * Pool Code			
30 - 015-			Millman- Oueen- Grayburg- San Andre						es, East	4	6555	
* Property Code					* Property Name				' Well Number		Well Number	
	<u>291 / (</u>	5786 Location		<u>:0 7 Sta</u>	ate					1	9	
I. <sup>10</sup> . Ut or lot no.	Section	Township	Range	Lot.Idn	Feet	from the	North/So	oth Line	Feet from the	East/West East	County	
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11 ] UL or iot no.	Bottom Section	Hole Loc	Range	Lot Ida		from the	North/Se	with the -	Fort frage it	E		
		merb	v-mg.		r ed.		inorta/Se		Foot from the	East/West Lac	County	
<sup>11</sup> Lee Code	<sup>13</sup> Produc	ing Method Co		Connection D	Pate	<sup>14</sup> C-129 Perm	it Number	1	" C-129 Effective D	ate IT (	2-129 Expiration Date	
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Transport OGRID	rter		Transporter		1	<sup>34</sup> PO	D	<sup>μ</sup> Ο/ <b>G</b>	<b>1</b>	POD ULSTR 1		
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252865		l tion Data		<u></u>				"				
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/I. Well						I	·					
<sup>14</sup> Date N	iew Oil	Gas D	divery Date	r *	Fest Date		" Test Lei	igth	<sup>M</sup> Tog. Pre	ssure	<sup>14</sup> Csg. Pressure	
" Chok	e Size		' О <b></b> и	<u>ته</u>	Waler		a Gm			7	" Test Method	
" I hereby certi	ify that the n	iles of the Oil	Conservation D	)ivision have b								
with and that th knowledge and	e informatio	a given above i	is true and com	plete to the be	stof my		OI	L CO	NSERVATI	ON DIVI	SION	
Signature: ana natividad							Approved by:					
Printed name:		lativida		<u> </u>		Title:	Title:					
Title:	Agent					Approva	Date:		001	5 1994		
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## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.

3.

- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Includ requested) test allowable (Include volume requested) If for any other reason write that reason in this box.
- 4 The API number of this well
- 5 The name of the pool for this completion
- 6 The pool code for this pool
- 7. The property code for this completion
- 8 The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no,' box. Otherwise use the OCD unit letter. 10
- 11 The bottom hole location of this completion
- 12. Lease code from the following table:
  - Federal State Fee Jicarilla

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- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. das transporter
- The permit number from the District approved C-129 for this completion 15.
- 16 MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18 The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20
- Product code from the following table 21. Oil Gas 0 G

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- The method used to test the well-45.
  - Flowing Pumping Swabbir

    - S Swabbing If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.