				· -					RECI	ł		C	$\lambda \gamma$
District I PO Box 1960, E	lobbs, NM S	<b>#241-1980</b>	F	Stat	te of Ne							Form C-104 February 10, 1994	1
District [] PO Drawer DD,					•		SEP 16.	94	1	instructions on back			
District III	-			PO Box 2088					0 C. I	June to	Арргор	riate District Office 5 Copies	
1000 Rio Brazos District IV	Fe, NM	M 87504-2088			ARTESIA. OFFICE								
PO Box 2088, S I .				LOWAT	BLF AN		Ͳዝ∩Ϸ	1747					
				ND AUTHORIZATION TO T			, 0			]			
SDX Resources, Inc.									020451				
P. O. Box 5061 Midland, TX 7970									' Reason for Flling Code				
• •	1. 19,	79704-5061						CH Pool Code					
30 - 015-24157			Millman- Oueen- Grayburg- San					Andre	es, Bast		46555		
' Property Code			Property Name						' Well Namber				1
	<u>291 /5</u>			o 7 Sta	te					l.		11	
I. 10 S.	Surface	Location		Lot.Idn	Feet from	the	North/So	uth Line	Feet from the	Eas	UWest line	e County	1
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	the second s	Hole Lo										Eddy	1
UL or lot no.	Section	Township	Range	Lot Ida	Feet from	n the	North/Se	nath Ane	Feet from the	E	t/West La	County	
<sup>11</sup> Lee Code	<sup>13</sup> Produci	ing Method (	Code 14 Gau C	onnection De		-129 Permi	l it Number		* C-129 Effectiv	Det-	1 17 .	2-129 Expiration Date	
S		P	8/9							. Unit		x47 EXPERSION Unite	
II. Oil a		Transpo	rters		L								l
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	<sup>14</sup> Hole Size		" Cı	uing & Tubi	ng Size		u	Depth Se	1		<sup>n</sup> Sa	cku Cement	
				· · · · - · - · - · - · · · · · · · · ·							<u>fnt</u>	ID-3	•
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/I. Well	Test Da	ata	<u> </u>	·····		I						/	l
<sup>M</sup> Date N			Delivery Date	<b>×</b> т.	est Date		" Test Lei	igth	* Tog.	Pressure		" Cag. Pressure	l
4													
" Chok	e Size		*' Oil	له	Water		a Gu		-	<b>A</b> OF		" Test Method	
" I hereby certi	ify that the n	ales of the Oi	Conservation Di	vision have be	en complied		· · · · · ·						 1
with and that th knowledge and	e informatio	a givea above	is true and comp	lete to the bes	t of my		OI	L CO	NSERVA	TION	DIVI	SION	
Signature:	Aun	Jn m	tivida D			Approve	ad by			a∩n ⊺	าราชน	TI	
Printed name: Ana Natividad							Approved by SUPERVISOR, DISTRICT II						
Tide: Agent						Approval Date:			65% 8 260J				1
Date:			Phone Q1 F	5-685-17	76]	╊				<u>ici</u>	<u>   5  19</u>	<u>.</u>	
	hange of op		the OGRID num	ber and nam	e of the prev	rious opera	lor					U	
	3032		Threst	hold Dev		nt Co	rporat	ion					1
		Operator Sig	uature				ed Name Vinsei	<b>`</b>			Tille	Date	
	$\leq \sim \cdots$	20-	<u> </u>			Bua	vinsei	1		Pres	ident	9-08-94	

## New Mexico Oil Conservation Division C-104 Instructions

	IS IS AN AMENDED REPORT, CHECK THE BOX LABLED NDED REPORT" AT THE TOP OF THIS DOCUMENT	22.	The ULSTR locat: well completion lo (Example: "Batter		
	t all gas volumes at 15.025 PSIA at 60°. t all oil volumes to the nearest whole barrel.	23.	The POD number		
accom	est for allowable for a newly drilled or deepened well must be panied by a tabulation of the deviation tests conducted in ance with Rule 111.		from this propert this POD has no number and writ		
All sec	tions of this form must be filled out for allowable requests on nd recompleted wells.	24.	The ULSTR locat well completion is (Example: "Batte		
change	only sections I, II, III, IV, and the operator certifications for is of operator, property name, well number, transporter, or uch changes.	25.	Tank",etc.) MO/DA/YR drillin		
	arate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this o		
comple		27.	Total vertical dep		
	erly filled out or incomplete forms may be returned to ors unapproved.	<b>28</b> .	Plugback vertical		
1.	Operator's name and address	<b>29</b> .	Top and bottom shoe and TD if o		
2.	Operator's OGRID number. If you do not have one it will	<b>30</b> .	Inside diameter o		
3.	be assigned and filled in by the District office.	31.	Outside diameter		
3.	Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator	32.	Depth of casing a bottom.		
	AO Add oil/condensate transporter	33.	Number of sacks		
	AG Add gas transporter CG Change gas transporter	The following test data is conducted only after the t			
	requested)	34.	MO/DA/YR that		
	If for any other reason write that reason in this box.	35.	MO/DA/YR that		
4	The API number of this well	36.	MO/DA/YR that		
5.	The name of the pool for this completion	37.	Length in hours		
6	The pool code for this pool	38,	Flowing tubing p		
7.	The property code for this completion		Shut-in tubing pi		
8.	The property name (well name) for this completion	<b>39</b> .	Flowing casing p Shut-in casing p		
9.	The well number for this completion	40.	Diameter of the		
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.			
	for this location use that number in the 'UL or lot no.' box, Otherwise use the OCD unit letter.	42.	Barrels of oil pro Barrels of water		
11	The bottom hole location of this completion	43.			
			MCF of gas proc		
12.	Lease code from the following table.	44.	Gas well calcula		
	S State P Fee J Jicarilla N Navajo U Ute Mountain Ute	45.	The method use F Flowin P Pumpir S Swebb If other method		

- 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 gas transporter 14
- 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
- 19 Name and address of the transporter of the product
- 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
- 21 Product code from the following table 0 G Oil Ga∉

- ation of this POD if it is different from the location and a short description of the POD ary A\*, "Jones CPD",etc.)
- r of the storage from which water is moved ty. If this is a new well or recompletion and o number the district office will assign a te it here.
- ation of this POD if it is different from the location and a short description of the POD tery A Water Tank", "Jones CPD Water
- ing commenced
- completion was ready to produce
- epth of the well
- al depth
- n perforation in this completion or casing openhole
- of the well bore
- er of the casing and tubing
- and tubing. If a casing liner show top and
- is of cement used per casing string

is for an oil well it must be from a test total volume of load oil is recovered.

- new oil was first produced
- gas was first produced into a pipeline
- the following test was completed
- of the test
- pressure oil weils pressure gas weils
- pressure oil wells pressure gas wells
- choke used in the test
- oduced during the test
- r produced during the test
- duced during the test
- ated absolute open flow in MCF/D
  - ed to test the well:
    - ņg
    - P Pumping 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

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