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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

C/SF
VT
GT
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SDX RESOURCES, INC.		Well API No. 30-015-27297
Address P. O. Box 5061, Midland, TX 79704		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> X Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Millman	Well No. 191	Pool Name, Including Formation E Millman-Q-G-SA	Kind of Lease State, Federal or Fee	Lease No. 648
Location Unit Letter A : 10' Feet From The East Line and 10' Feet From The North Line Section 22 Township 19-S Range 28-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> X or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> X or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5050, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks. GPM Gas Corp.	Unit 19S	Soc. 28E
Is gas actually connected? Yes When NA		

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 XX	Gas Well	New Well XX	Workover REQUIRED	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-07-93	Date Compl. Ready to Prod. 4-23-93	Total Depth 2625	SEP 15 1993 P.B.T.D. 2595			
Elevations (DF, RKB, RT, GR, etc.) 3425 GR	Name of Producing Formation G-SA	Top Oil/Gas Pay 1996	Tubing Depth 2536			
Performances See Attached			Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD						
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8	DEPTH SET 359	SACKS CEMENT 275 sx Class C			
7 7/8	5 1/2	2624	350 sx 50/50 POZ			
			& 335 sx Lite			

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 4-23-93	Date of Test 4-24-93	Producing Method (Flow, pump, gas lift, etc.) Pumping 12'x2 1/2"x2" Rod Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size Post ID-2
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 25	Gas - MCF 10-29-93 comp & BR

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 Barbara E. Wickham Agent
Printed Name **Barbara E. Wickham** Title
Date **5-15-93** Telephone No. **915-685-1761**

OIL CONSERVATION DIVISION

Date Approved **SEP 29 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.

TO BE USED IN THE
FOLLOWING CASES
IN THE DISTRICT OF