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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

CLSF  
LT  
FT  
Op

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>SDX RESOURCES, INC.</b>		Well API No. <b>30-015-27303</b>
Address <b>P. O. Box 5061, Midland, TX 79704</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <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 <b>East Millman</b>	Well No. <b>198</b>	Pool Name, Including Formation <b>E Millman-Q-G-SA</b>	Kind of Lease State, Federal or Fee	Lease No. <b>648</b>
Location Unit Letter <b>K</b> : <b>2526'</b> Feet From The <b>West</b> Line and <b>2630'</b> Feet From The <b>South</b> Line Section <b>14</b> Township <b>19-S</b> Range <b>28-E</b> , NMPM, <b>Eddy</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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 checked="" type="checkbox"/> XX	Gas Well	New Well <input checked="" type="checkbox"/> XX	Workover <input type="checkbox"/>	Reopened <input type="checkbox"/>	Plug Back	Same Rec'v	Diff Rec'v
Date Spudded <b>2-21-93</b>	Date Compl. Ready to Prod. <b>4-06-93</b>	Total Depth <b>2650</b>	SEP 15 1993					
Elevations (DF, RKB, RT, GR, etc.) <b>3411 GR</b>	Name of Producing Formation <b>SA</b>	Top Oil/Gas Pay <b>2515</b>	Q.I.D.					
Perforations <b>2 (SPF) 2515-20, 2524-296 (18 holes)</b>						Tubing Depth <b>2552</b>		
TUBING, CASING AND CEMENTING RECORD						Depth Casing Shoe		
HOLE SIZE <b>12 1/4</b>	CASING & TUBING SIZE <b>8 5/8</b>	DEPTH SET <b>397</b>	SACKS CEMENT <b>350 sx Class C</b>					
<b>7 7/8</b>	<b>4 1/2</b>	<b>2650</b>	<b>350 sx Class C</b>					
			<b>&amp; 525 sx Lite</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 <b>4-07-93</b>	Date of Test <b>4-20-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping 12'x2 1/2"x2" Rod Pump</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure	Choke Size <b>Post ID-2</b>
Actual Prod. During Test	Oil - Bbls. <b>2</b>	Water - Bbls. <b>2</b>	Gas - MCF <b>10-29-93</b> <b>comp 4 BK</b>

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

### 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.