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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

DEC 29 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator SDX RESOURCES, INC.	Well API No. 30-015-27481
Address P. O. BOX 5061 MIDLAND, TEXAS 79704	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	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 UNIT	Well No. 210	Pool Name, Including Formation E. MILLMAN-Q-GR-SA	Kind of Lease State, Federal or Foreign	Lease No. 648
Location Unit Letter D : 990 Feet From The NORTH Line and 990 Feet From The WEST Line Section 23 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORPORATION	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.	Unit -	Sec. 15	Twp. 19	Rge. 28	Is gas actually connected? YES	When? N/A

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/29/93	Date Compl. Ready to Prod. 10/20/93		Total Depth 2990		P.B.T.D. 2960			
Elevations (DF, RKB, RT, GR, etc.) 3408 G.L.	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 2164		Tubing Depth 2450			
Perforations 1 SPF - 2164' - 2416'					Depth Casing Shoe 2985			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		385'		350 Post ID-2			
7-7/8"	5-1/2"		2985'		975 2-18-94			
					camp & 12/13			

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 10/25/93	Date of Test 11/1/93	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 20	Casing Pressure 20	Choke Size OPEN
Actual Prod. During Test	Oil - Bbls. 65	Water - Bbls. 120	Gas- MCF 55

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  
JOHN POOL VICE PRESIDENT  
Printed Name  
DECEMBER 27, 1993 (915) 685-1761  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 23 1994

By  
SUPERVISOR DISTRICT II

Title

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.