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Appropriate District Office
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DISTRICT II
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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SDX RESOURCES, INC.		Well API No. 30-015-27527
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. 211	Pool Name, including Formation E. MILLMAN-Q-GR-SA	Kind of Lease State, Recompletion Test	Lease No. 648
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>2462</u> Feet From The <u>EAST</u> Line Section <u>14</u> Township <u>19-S</u> Range <u>28-E</u> , NMPM, <u>EDDY</u> 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. 14	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 10/10/93	Date Compl. Ready to Prod. 10/28/93		Total Depth 2650		P.B.T.D. 2603			
Elevations (DF, RKB, RT, GR, etc.) 3402 G.R.	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 2006		Tubing Depth 2438			
Perforations 1 SPF - 2006' - 2342'					Depth Casing Shoe 2649			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		380'		350 Post ID-2			
7-7/8"	5-1/2"		2649'		650 6-34-94			
					Camp & B/L			

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 11/1/93	Date of Test 11/5/93	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. 22	Water - Bbls. 75	Gas- MCF 25

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

OIL CONSERVATION DIVISION

Date Approved MAY 16 1994

By M. Morgan

Title SS

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.