Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 1992

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. SDX RESOURCES, INC. 30-015-23165 Address P. O. Box 5061 Midland, TX 79704-5061 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Oil Change in Operator X Effective December 1, 1992 Casinghead Gas Condensate If change of operator give name and address of previous operator Gentral Casing 1468 Graham, TX 76450 II. DESCRIPTION OF WELL AND LEASE 0 Lease Name Pool Name, Including Formation Kind of Lease State 30 Com Lease No. B5984 Empire Penn-Marrow State, PASCHAKAFAFAX Location 660 Unit Letter _ Feet From The North Line and 840 East Feet From The 30 17S Section 28E County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) N/AN/A Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Northern Natural Gas P. O. Box 1188 Houston, TX 77251-1188 If well produces oil or liquids, 1 Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. Yes N/A If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls Water - Rhis Gas- MCF GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tesung Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. DEC 1 5 1992 Date Approved ___ Signature arb Corlora By. ORIGINAL SIGNED BY ∍arbara _Wickham Prod. Analyst MIKE WILLIAMS Printed Name Title SUPERVISOR, DISTRICT IT Title 12**/9/**92 (915) 685-1761 Date Telephone No.

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.