

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator SDX Resources, Inc. Well API No. \_\_\_\_\_  
Address P.O. Box 5061, Midland, Texas 79704  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) \_\_\_\_\_  
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐  
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
Change in Operator ☒ (Effective date 7-1-91)  
If change of operator give name and address of previous operator Morexco, Inc., P.O. Box 481, Artesia, New Mexico 88211-0481

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Pearl Queen Unit Well No. 21 Pool Name, Including Formation Pearl Queen Kind of Lease State Federal or Fee Leave No. E5837  
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line  
Section 23 Township 19-S Range 35-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipe Line Company ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, Texas 77252  
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102  
If well produces oil or liquids, give location of tanks. Unit C Sec. 23 Twp. 19-S Rge. 35-E 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	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			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	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 - Bbls.	Gas - MCF

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.

Lori Lee  
Signature

Lori Lee  
Printed Name

7-10-91  
Date

Agent

Title

(915) 685-1761

Telephone No.

OIL CONSERVATION DIVISION  
JUL 15 1991

Date Approved \_\_\_\_\_

By \_\_\_\_\_

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.

JUL 12 1991

MOBIL OFFICE