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

State of New Mexico Lucrgy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

I.	REQUEST FOR AL		BLE AND AUTH L AND NATURA		N			
Operator	271112 177110117		Weil API No.					
SDX Resources, In		30-025-2			1114			
	Midland, Texas 797	704-506	. 1					
Reason(s) for Filing (Check proper box,	liuranu, rexas 191	04-300	Other (Pleas	se explain)				
New Well	Change in Transpo			. ,				
Recompletion	Oil Dry Ga		(Effect	ive 7-1-9	33)			
If change of operator give name	Casinghead Gas Conden	1826	(Ellect		, s ,		·	
and address of previous operator					· 			
II. DESCRIPTION OF WELL								
Northeast Pearl Queen Unit Well No. Pool Name, Inclu Pearl Qu			ing Formation een		ind of Lease ate, Federal or Fe			
Location	200					<u> </u>	- ,	
Unit LetterA		om TheN	orth Line and	990	Feet From The	East	Line	
Section 23 Towns	hip 19-S Range	35-E	, NMPM,	Lea			County	
III. DESIGNATION OF TRA	NSPORTER OF OIL ANI	D NATU	RAL GAS					
ivame of Authorized Transporter of Oil	or Condensate		Address (Give address	to which appro	ved copy of this j	form is to be set	 ਾਪ)	
Texaco Trading & Tr	P. O. Box 60628, Midland, Tx 79711 Address (Give address to which approved copy of this form is to be sent)							
Warren Petroleum Co		Jas	Address (Give address	to which appro	wed copy of this f	orm is to be ser		
If well produces oil or liquids,	Unit Sec. Twp.	Rge.	P. O. Box Is gas actually connect		sa, UKIAN hen?	oma 741	02	
give location of tanks.	C 23 19S	1 35E	Voc		Octo	ber. 196	4	
If this production is commingled with that IV. COMPLETION DATA		commingli						
Designate Type of Completion	Oil Well G	as Well	New Well Workov	ver Deeper	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth	l	P.B.T.D.	<u> </u>	<u></u>	
Florida (DC DKD DE GO					P.B. 1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
					Depui Casiii,	g snoe		
	TUBING, CASING	G AND (CEMENTING REC	CORD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		S	SACKS CEMENT		
								
I TOPOGO Y A TOPOGO Y				***************************************		· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES OIL WELL Test must be after r			_					
Date First New Oil Run To Tank	ecovery of total volume of load oil Date of Test	and must b	e equal to or exceed top Producing Method (Flow	allowable for t	his depth or be fo	or full 24 hours.)	
		ľ	roomerag recured (1998	v, purit, gas iyi	, eic.)			
igth of Test Tubing Pressure			Casing Pressure	Choke Size	Choke Size			
tual Prod. During Test Oil - Bble								
round from During a Cot	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL				······································				
Actual Prod. Test - MCF/D	Length of Test	11	Bbls. Condensate/MMCI	c	- C			
					Gravity of Co	Gravity of Condensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size	Choke Size		
T OPEN LEON CONTRACT							!	
I. OPERATOR CERTIFICA	ATE OF COMPLIANC	E		MOEDV	ATIONE	11.410101		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.			Data Approved JUL 2 1 1993					
La Maria	1.1.6/	ا ر	Date Approv	veu				
Signature 8. Wickham			By Orig. Signed by					
Barbara E. Wickham Prod. Analyst			Paul Kautz					
Printed Name Title			Title					
7-11-93 Date	(915) 685-1761 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.

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