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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.						AUTHORI					
Operator S D X Resources,	TO TRANSPORT OIL AND NATURAL GAS						Well	Wall APT No. 3D-025-25328			
Address P. O. Box 5061,		nd, TX	79704					<u> </u>			
Resson(s) for Filing (Check proper box)	midia	<del> </del>	-		Oth	et (Piease expir	un)			<u> </u>	
New Well Recompletion	Oil	Change in	Transport Dry Ges	_							
Change is Operator	Casinghe		Condens			tive Nov					
			Compa	ny, P.	O. Box	552, Mic	lland, T	exas 79	702	<del></del>	
II. DESCRIPTION OF WELL. Lease Name	Well No.   Pool Name, Includes				ng Formation Kind o			of Lease No.			
State K-5796	1 Vacuum A			Abo, North			Federal or Fee K-5796		96		
Unit LetterB	<u>.:6</u>	60	. Feet From	m The _N	orth Lin	e and <u>198</u>	0Fe	st From The _	East	Line	
Section 7 Township	17	-s	Range	35-	E , <b>N</b> I	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE			NATU							
Name of Authorized Transporter of Oil  Mobil Oil Corporation	·   V				1			copy of this form is to be sent)  Texas 75221			
Name of Authorized Transporter of Casing Phillips Petroleum Co				Address (Give address to which approved P. O. Box 2130, Hobbs,			copy of this form is to be sent)				
If well produces oil or liquids, give location of teaks.	Unit	Sec.	Twp.		is gas actually		When	?		0240	
If this production is commingled with that i	N N N	6 her lease or	17S	35E		Yes ber:	CTB-269	<u>8-24-</u>	77		
IV. COMPLETION DATA					<b>~</b>						
Designate Type of Completion	• (X)	Oil Well	G	ns Well	New Well	Workover	Deepea	Plug Back	Same Kes'v	Diff Res'v	
Date Spudded	Deta Compi. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					<del></del>			Depth Casing Shoe			
	TUBING, CASING AND				CEMENTI		D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after to				i and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hou	wz.)	
Date First New Oil Run To Tank	k Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL	1					<del></del>		1		<u> </u>	
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			
VL OPERATOR CERTIFIC				CE			ISERV	ATION !	OIVISIO		
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.					Date Approved						
Darbara Wickham					Bv			<u> </u>			
BARBARA WICHHAM AGENT						By					
Printed Name  11-21-91  015-685-1761  Date  Talachoms No.					Title		<del> </del>			<del></del>	
Date		Tole	peons No	<b>.</b>	<u> </u>						

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 (II) (II) 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.