District I PO Box 1980, Hobbs, NM 88241-1980

District II 811 South First, Artesia, NM 88210

District III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

State of New Mexico Energy, Minerals & Natural Resources Department

2040 South Pacheco

Form C-104 Revised October 18, 1994 Instructions on back

Submit to Appropriate District Office

5 Copies

District IV 2040 South Page						, INIVI 07		.		· 		ED REPORT		
l.	RI	EQUES			LE ANL) AU II	HORIZ	<u> </u>	N TO TRAI					
¹ Operator name and Address								² OGRID Number 184860						
Melrose Operating Co. P.O. Box 5061								3 R	³ Reason for Filing Code					
Midland Texas 79704								Change	of Operator 12-01-99					
	4 API Number)	<u></u>			⁶ Pool Code			
30 - 025			Jalmat-Tansill Yates Seven Rivers						33820					
7 Property Code			⁸ Property Name Jalmat Field Yates Sand Unit						weir number					
<u> </u>		\ Location	<u> </u>					'			 			
Ul or lot no.	Section	Township	Range	Lot Idn	Feet from		North/Sc	outh Line	Feet from the	East/West li	ne Co	unty		
E	11	225	S 35€		10	180	Do	rth	660	Wes	+ 6	nea		
UI or lot no.	Section	Hole Loc	Range	Lot Idn	Feet from	1 tho	North/Sc	outh Line	Feet from the	East/West li	no I Co	unty		
Of OF IOUTIO.	Section	TOWNSHIP	Range	Lot Idii	reethon	it from the		Julii Liile	reet nom me	Easovestiii	le Co	urity		
¹² Lse Code	13 Producii	ng Method Co	ode 14 Gas	Connection Date	15 C	-129 Perm	it Number	1	⁶ C-129 Effective D	Date	⁷ C-129	Expiration Date		
		Υ												
		Transpo				20.5.0	_		1					
¹⁸ Transport OGRID	ter	1	⁹ Transporter N and Address			²⁰ POD ²¹ O/			²² POD ULSTR Location and Description					
015694		Navajo Refi P.O. Box 15				22764	_{ల్ల} 5/0	0						
10000			w Mexico 88	210		PSCNL LL L								
					443		100							
<i>⊗</i> ○ 7802		eagan Gat P.O. Box 50				2276530								
80 1002			xas 79710			2276530								
					r.Br.									
					7 1000035									
	ST 8 4 2 1 7 1													
IV. Produ	iced Wa	ater		7							:			
2276	\$550 \$450					²⁴ POD UL	STR Local	tion and De	escription					
V. Well (Complet	tion Data	<u> </u>											
²⁵ Spud			Ready Date		²⁷ TD		²⁸ PBTD		²⁹ Perfora	itions	ns ³⁰ DHC, I			
			 											
³¹ Hole Size		³² Casing & Tubing Size			³³ Depth			t	34 (34 Sacks Cement				
								<u></u>						
	 					-			.					
			+					·						
VI. Well	Test D	ata												
35 Date Ne			Pelivery Date	³⁷ Test [Test Date		³⁸ Test Length		³⁹ Tbg. Pres	ssure	⁴⁰ Csg. Pressure			
⁴¹ Choke Size		42 Oil		⁴³ Wai	ter	44 Gas			⁴⁵ AOF		46 T€	est Method		
complied w	ith and that	rules of the C the informatic edge and beli	on given above	Division have be is true and comp	een lete		(OIL CC	<u>l</u> NSERVATI	ON DIVIS	SION			

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator SDX Resources, Inc.

Phone:

Loya

020451

rator/signature

Michael Corjay

Signature:

Title:

Date:

Printed name

Vice President

Printed Name

John Pool

Approved by:

Approval Date:

Title:

Vice President

Date/

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	10	TRA	NSPORT O	<u>IL A</u> ND NA	TURAL G	AS				
Operator SDX Resources	Well API No.									
Address	30002508582									
P. O. Box 506	Sl, Midla	and.	Texas 7	9704						
Reason(s) for Filing (Check proper box)				Ou	ner (Please expl	ain)				
New Well Recompletion			Fransporter of:		Fff	oativa	· - 09-	01 00		
Change in Operator	Oil Casinghead G		Dry Gas 🔲 Condensate 🗍		11.1	eccive	- 09-	.01-93		
If change of operator give name					· · · · · · · · · · · · · · · · · · ·					
and address of previous operator Sn			Inc. P.	0. Box	863, K	ermit,	Texas	79745		
II. DESCRIPTION OF WELL										
Lease Name Well No. Pool Name, Inclu				~			of Lease		Lease No.	
Jalmat Field Yate	s Sand 1	11	Jalmat 7	ansil Y	ates SI	State	Federal or Fe	E-8	3322	
Unit Letter E	: 1980		Feet From The _	North.	eand 660)		Most		
Oilt Letter	_ :	l	reet From The _	NOT CIT Lin	e and	, F	eet From The	West	Line	
Section 11 Townsh	nip 22S		Range 35E	, N	МРМ,	Lea			County	
THE DESIGNATION OF TRAI	Menonmen A	OF 011	4375 3110						County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPURIER O	OF OII Condensa	L AND NATI	JRAL GAS	e address to wh	iak anana	4			
Texas New Mexi	co Pipel	ine	Co.		Box 2					
Name of Authorized Transporter of Casis	nghead Gas		or Dry Gas	Address (Giv	4]					
GPM Gas Corpor				Address (Give address to which approved copy of this form is to be sent, 4001 Penbrook, Odessa, TX 7976						
If well produces oil or liquids, give location of tanks.	•				y connected?	When	?			
If this production is commingled with that	from any other le		22E 35E	YE	:S	L	Unknow	n		
IV. COMPLETION DATA	mont any odier te	ase or po	or, give committing	ging order num	<u></u>					
Designate Type of Completion	~	il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		andu to D		Total Depth		<u> </u>	Ĺ	<u>i</u>		
	Date Compi. K	Date Compl. Ready to Prod.					P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	cing Form	nation	Top Oil/Gas F	Pay		Tubing Depth			
Perforations					·					
· vi.orangon							Depth Casin	g Shoe		
	TUB	ING. C	ASING AND	CEMENTA	JG RECORI		1		 	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS OFM	CNIT	
							SACKS CEMENT			
	·									
V. TEST DATA AND REQUES	T FOR ALL	OWAB	LE	<u> </u>			<u> </u>			
OIL WELL (Test must be after r	ecovery of total w	olume of i	load oil and mus	be equal to or	exceed top allow	vable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Met	thod (Flow, pun	rp, gas lift, e.	(c.)			
Length of Test	Tubing Pressure			Casing Pressur	······································		Chalm Cin			
5	Tuoing Freasure			Casing Fiessur	6		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
	<u> </u>									
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bols. Condens	ate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure	/Ch. :- \			· /Al · · · · · · · · · · · · · · · · · · ·					
coming intention (paos, once pr.)	Tubing Fressure	(Stim-III)		Casing Pressur	e (Shul-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CO	NADI I	ANCE	1			L			
I hereby certify that the rules and regula					IL CON	SERVA	TION I	JIVISIC	۱۸۱	
Division have been complied with and t	that the informatio	n given a	bove					2141010	/ F N	
is true and complete to the best of my k	mowledge and bel	ief.		Date	Approved	ÛL	1271	993		
3-1	// (//		Date	whhioved			JJU		
Samo	work	he	<u> </u>	Ru						
Signature Barbara Wickham	ORIGINAL SIGNED BY JERRY SEXTON									
Printed Name	DICTUICT I CUPERVICOR									
10-15-93	915-	685-		Title_						
Date		Telepho	ne No.	H						

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.