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
TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NSPORT O	IL AND NA	TURAL G	AS	l			
Operator						Well API No.				
SDX Resources			30	0002508589						
Address							2002500	<u> </u>		
P. O. BOX 506 Reason(s) for Filing (Check proper box)	I, Mid	land,	Texas 7		101					
New Well		Change in	Fransporter of:		her (Please expl	ain)				
Recompletion	Oil Dry Gas Ef					ective - 09-01-93				
Change in Operator	Casinghea		Condensate							
If change of operator give name and address of previous operator Sm	i+h s	Mara	Inc. D							
•		1101.21	Inc. P.	U. BOX	_863,_K	ermit	<u>Texas</u>	_79745		
II. DESCRIPTION OF WELL Lease Name	AND LEA		<u> </u>							
Jalmat Field Yate	Well No. Pool Name, Includes Sand 113 Jalmat.			n ' a			of Lease	L	case No.	
Location					14005 5	\\\ST	, Federal or Fe ate	€ E-83	322	
Unit Letter K	. : 198	0	Feet From The	South r:-	23	10 -		West		
				<u> </u>	e and	<u> </u>	eet From The	77000	Line	
Section 11 Townshi	<u>p 22S</u>	1	Range 35E	, N	мрм, $^{ m L}$	ea			County	
III. DESIGNATION OF TRAN	ISPORTE	ם אב טוו	A NID. NIA TT	IDAT CAC						
Name of Authorized Transporter of Oil	X	or Condensa	ILO TO	Address (Giv	e address to wh	ich approve	d come of this f			
Texas New Mexi	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88241									
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)									
GPM Gas Corpor	4001 Penbrook, Odessa, TX 79761									
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When			?			
If this production is commingled with that	fmm env orbe	1 1 2	22S 35E	Y F	ES		Unknow	1		
IV. COMPLETION DATA		r rease or po	or, give containing	ang order num	жег: 					
Designation T. C. C.		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sama Daatu	Disc D	
Designate Type of Completion		<u></u>		İ i		2 topen	I ring Dack	Same Res v	Diff Res'v	
Date Spudded	Date Compl	. Ready to P	rod.	Total Depth	·		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay						
Lie-Lada (D1 , Idib, N1, ON, Elc.)	Top Oil/Gas F	Top Old Gas ray			Tubing Depth					
Perforations	J	Depth Casing Shoe								
							Depui Casing	g Snoe		
	T	JBING, C	ASING AND	CEMENTIN	NG RECORI)	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAR	et Er	ļ						
OIL WELL (Test must be after re				he equal to or	exceed ton allow	inhle for thi	n damih an ba A	- 6 11 24 1		
Date First New Oil Run To Tank	Date of Test		on the major	Producing Me	thod (Flow, pun	up, eas lift, e	ic.)	or full 24 hour.	5.)	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
ual Prod. During Test Oil - Bbls.										
recom rock During rest	Oll - Bols.			Water - Bbls.			Gas- MCF			
GAS WELL							L			
Actual Prod. Test - MCF/D	Length of Te	vet .		Dis Cont	A D (Cf					
1.02 1.03 1.01,2	Langua or Te	-01		Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF (COMPLI	ANCE							
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved 0CT 2 7 1993						
is the and complete to the best of my ki	lowledge and	Dellel.	_	Date	Approved		16 21	1993		
1 Jan		, ,								
Signature				By ORIGINAL SIGNED BY JERRY SEXTON						
Barbara Wickham Prod. Analysis				DISTRICT I SUPERVISOR						
Printed Name /0 -15 - 93 915-685-1761				Title_		 -			,	
Date	7 9T;	<u>0 ~ 6 8 5 −</u> Telepho	1/01 ne No.							
		r		11						

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.