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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

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

1000 Rio Brazos Rd., Aztec, NM 8741	0 550	.=			2000					
I.	REQU	JEST FO	R ALLOW	ABLE AND	AUTHOR	NOITASIF	1			
Operator	<del></del>	TO THAI	NSPORT C	DIL AND NA	ATURAL (					
SDX Resources	s Inc.	···					II API No. 002508611			
P. O. Box 506	51, Mid	land.	Tevac 7	9704						
Reason(s) for Tilling (Check proper box,	)			<u> </u>	ther (Please ex	plain)				
New Well			Transporter of:	1						
Recompletion Change in Operator  X	Oil Casinghea		Ory Gas	]	Ef	fectiv	e - 09-	01-93		
If change of operator give name	·		Inc. P.	O Do	060					
II. DESCRIPTION OF WELI Lease Name	L AND LEA	SE				kermit	, Texas	_79745	<del></del>	
	mat Field Yates Sand 132 Jalmat					uding Formation Kin Tansil Yates SR States			Lease No.	
Unit Letter G	:_ 198	<u>0                                    </u>	eet From The _	North Li	ne and 19	83 :	Feet From The			
Section 13 Towns	ıl <b>p</b> 225		lange 35E		MPM, Lea		ect rion ine	Last	Line County	
III. DESIGNATION OF TRAI	NSPORTE	OF OIL	AND NATI	URAL GAS					County	
Traine of Audionzed Transporter of Oil	(X)	or Condensat	le —	Address (Gi	ve address to w	vhich approve	d copy of this f	orm is to be s	eni)	
Texas New Mexi Name of Authorized Transporter of Casin	CO PIDE		CO.	$\perp$ P. O	. Box 2	7528 t	Johna	NIA 000		
GPM Gas Corpor		·	2., Oas	Addiess (Off	re accaress to w	inich approved	d copy of this fo	orm is to be st	ent)	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?							<u>'l'X 79'</u>	26.1		
If this production is commingled with that	from any other	13   2	2S   35E	Y	ES		Unknow	1		
V. COMPLETION DATA			, give confining	ung order num	ber:	· <del></del>				
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 Pro	xl.	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	!	1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	Depth Casing Shoe									
							Carrier of the carr	, snoc		
HOLE SIZE	CACU	BING, CA	ASING AND			D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					···· · ··· ·					
. TEST DATA AND REQUES				}						
OIL WELL (Test must be after red) Date First New Oil Run To Tank	covery of total	volume of lo	ad oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hours	r.)	
ate that New Oil Run 10 lank	Date of Test			Producing Met	thod (Flow, pu	mp, gas lift, ei	(c.)		<del></del>	
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.	-		Water - Bbls.			Gas- MCF			
GAS WELL										
ctual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressu	re (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF C	OMPI 14	NCF	<u> </u>			L <u> </u>			
I hereby certify that the rules and regular Division have been complied with and the	tions of the Oil	Conservation	, l	0	IL CON	SERVA	TION D	IVISIO	<b>V</b>	
is true and complete to the best of my knowledge and belief.				Date Approved 007 27 1993						
Signature Wichlan				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Barbara Wickham	Pro	d. Ana	lysis		Di	SIRICI I S	UPERVISOR			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

- 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.

Title

Telephone No.

915-685-1761

4) Separate Form C-104 must be filed for each pool in multiply completed wells.