Submit 5 Copies
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

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

Santa Fe, New Mexico 87504-2088

I. Operator	neu	TOTRA	NSPORT	WA FOI	IBLE AND IL AND N	AUTHOF ATURAL C	RIZATIOI BAS	N			
SDX Resources Inc.					WOULD W			ell API No.			
Address								3002508658			
P. O. Box 50  Reason(s) for Filing (Check proper box	79	79704 Other (Please explain)									
New Well  Recompletion  Change in Operator  If change of operator give name	Oil Casinghe		Transporter of Dry Gas Condensate					e - 09	-01-93	١	
and address of previous operatorS	mith &	Mars,	Inc. I	>	O. Box	863, K	ermit	Texas	 - 7974	5	
Less News	L AND LE	ASE							<u> </u>	<del></del>	
Yates Pool Unit Tr. 8 4 Jalmat					*****			of Lease Lease No. Federal or Fee E-8077			
Unit LetterK	:19	280	Feet From The	<u>۔</u> ع	South Li	ne and1 C	080	Feet From The	West	Line	
Section 25 Towns		2S 1	Range 3	35E	E , N	мрм,	Lea			County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		R OF OII	AND NA	TU	RAL GAS	Jin	001	ion i	100	10	
Texas New Mexico Directions						re address to wi	ddress to which approved copy of this form is to be sent)				
GPM Co. C.							cent)				
If well produces oil or liquids, Unit Sec. Twp. Rge. 18 gas actually connected? When ?							3761				
If this production is commingled with that  IV. COMPLETION DATA	K K	25 [2	))C   2/E	1				Unknow	n		
IV. COMPLETION DATA			ol, give comm	ungli	ng order numb	per:					
Designate Type of Completion  Date Studded		Oil Well	Gas Well	1	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	. Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations					Top Oil/Gas Pay			Tubing Depth			
1 ellotations								Depth Casing Shoe			
	TUBING, CASING ANI				EMENTIN	IG RECORI	<del></del>				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		S	SACKS CEN	MENT	
									······································		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR AI	LOWAB	LE								
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Test	I volume of l	oad oil and mi	ust be	e equal to or e	xceed top allow	able for this	depth or be fo	or full 24 hou	urs.)	
I and a C M	Jan of Yea				roducing Met	φ, gas lif <b>i, e</b>	tc.)				
Length of Test	Tubing Pressure			C	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			V	Water - Bbls.			Gas- MCF			
GAS WELL						<del></del>	<del></del>	L			
Actual Prod. Test - MCF/D	Length of Test				bls. Condensa	te/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			C	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF C	OMPLL	ANCE	$\dashv \vdash$			<del></del>				
I hereby certify that the rules and regula Division have been complied with and the is true and complete to the best of my kn	tions of the Oi	Conservatio	_		O	IL CONS	SERVA OU	T NOITA	VISIC	N	
Ball						Approved		· · · · · · · · · · · · · · · · · · ·		·	
Signature  Rarbara Wickham Prod. Analysis					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title  10-15-93 915-685-1761					Title_		JUFE	K			
Date		Telephon	e 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
- 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.