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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		<u> 10</u> IR	IANS	PORT C	IL AND N	ATURAL C	246				
j •	_							II API No.			
SDX Resources					3002508662						
1								002308	002		
P. O. Box 506 Reason(s) for Filing (Check proper box)	51, Mid	lland	_ Te	exas 7	9704						
New Well					Ot	ther (Please exp	olain)				
Recompletion	6 11	Change i		sporter of:							
Dry Gas L Effective - 09-01-93											
If change of country since	Casinghea			densate							
and address of previous operator SI	nith &	Mare	Tr		0 5						
II DESCRIPTION OF THE			*	H. P.	_UBox	863, I	Cermit	. Texas	7974	5	
H. DESCRIPTION OF WELL	AND LE	ASE									
Cone darm	iding Formation Kind			of Lease Lease No.							
Yates Pool Unit	almat	Tansil Yates SR			e Federal or Fee		Lease No.				
Location						14005	37/ 7	tate	<u> </u>	<u> 396 -6</u>	
Unit LetterO	_ : _ 99	0	Feet	From The	South :-	1 <i>6</i>	550				
					South Lin	ne and	220	Feet From The	<u>East</u>	Line	
Section 25 Townsh	ip 22S		Rang	е 3	5E ,N	ІМРМ,	Т				
III DEGLESS CONTRACTOR							<u>Lea</u>			County	
III. DESIGNATION OF TRAIN	NSPORTE	OF OF O	IL A	VD NAT	JRAL GAS						
Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Texas New Mexi	<u> </u>	P. O. Box 2529 Hall									
traine of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. BOX 2528, Hobbs, NM 88241 Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corpor		tion				4001 Penbrook, Odessa, TX 79761					
If well produces oil or liquids, give location of tanks.		Sec. Twp. Rge			Is gas actuall	y connected?	Whe	dessa, TX 79761			
······································	101	25	22S	35E							
f this production is commingled with that	from any other	r lease or p	pool, gi	ve comming	ling order numb	ber:		Unknow	n		
V. COMPLETION DATA				_							
Designate Type of Completion	750	Oil Well		Gas Well	New Well	Workover	Deepen	Plus Pasts	10 5		
Date Spudded		<u></u>	L		İ	i	l Dapa	I Flug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	Total Depth			L		
Clausia - (DE DED DE CO	<u> </u>							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	Pay		Tubing Dept			
Perforations											
							·	Depth Casing Shoe			
									5		
LOUE OUT	T	JBING,	<u>CASI</u>	NG AND	CEMENTIN	NG RECOR)	1,			
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		S	SACKS CEMENT		
									SHORIO CEMENT		
											
	ļ										
. TEST DATA AND REQUES	T FOD AT	T OTTL									
IL WELL (Test must be after re	I FUR AL	LUWA	BLE						···		
IL WELL (Test must be after re rate First New Oil Run To Tank	Date of Test	volume of	f load d	oil and must	be equal to or e	exceed top allow	vable for this	depih or be fo	or full 24 hou	rs.)	
	Date of 168				Producing Met	thod (Flow, pun	rp, gas lift, e	ic.)			
ength of Test	Tubing Pressure				Corr. D			-		j	
	Tuoing Trease	Luoting Pressure				Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.	Oil - Rble				Water - Bbls					
	24.01				AANTCI - DDIS			Gas- MCF			
AS WELL										1	
ctual Frod. Test - MCF/D	1										
rest - MCI7D	Length of Test Tubing Pressure (Shut-in)				Bbis. Condensa	ite/MMCF		Gravity of Co	Gravity of Condensate		
sting Method (pitot, back pr.)								,			
realed (paol, back pr.)					Casing Pressure	(Shut-in)		Choke Size			
T CORP : TO	·									1	
I. OPERATOR CERTIFICA	TE OF C	OMPL	IAN	CE	_						
I hereby certify that the rules and regulati	ions of the Oil	Conservat	tion		0	IL CONS	SERVA	TION D	NISIO	NI	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved						
											4
STATE	6/1	àll	ha								
Signature Barbara Wickham Prod. Analysis Printed Name Title 75-93 915-685-1761					Ву	00101111	PAREN -	Y JERRY SE	MOIX		
					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
					Title						
Date	713	-085- Telepho	one No								
			-10.	·							

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.