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 REQUEST FOR ALLOWABLE AND AUTHORIZATION

		OIL AND NATURAL GAS			
SDX Resource	es Inc		Well API No.		
Address The .			300250866	5	
P. O. Box 50)61 Midland m				
Reason(s) for Filing (Check proper be	061, Midland, Texas	79704			
New Well	Change in Transporter of:	Other (Please explain,			
Recompletion	Oil Dry Gas	Trefoo			
Change in Operator	Casinghead Gas Condensate		ctive - 09-01-	-93	
If change of operator since					
and address of previous operator	Smith & Mars, Inc. P	. O. Box 863, Ker	mit Moss 20		
II. DESCRIPTION OF WEI	LL AND LEASE		min, lexas /	1/45	
Lease Name Cone Jalma	t Well No. Pool Name, Inc	cluding Fermalian			
Yates Pool Unit		Tansil Yates SR	Kind of Lease	Lease No.	
Location	J J GUIMA	ransii lates SR	State, Federal or Fee	_	
Unit Letter G	. 1980 Fort France	17			
	Feet From The	North Line and 1650	Feet From The East	stLin	
Section 25 Town		255		LIII	
			Lea	County	
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NAT	TURAL CAS			
Transporter of On	of Condensate	Address (Give address to which	Approved as a full for		
Texas New Mex	ico Pineline de	D O D O S	approved copy of this form is	to be sent)	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	P. O. Box 252	8. Hobbs. NM	88241	
GPM Gas Corpo	ration	- Come and as 10 which	approved copy of this form is	to be sent)	
If well produces oil or liquids, give location of tanks.	1	ge. Is gas actually connected?	k. Odessa, TX	79761	
	1 G 25 22c 25	77	When?		
this production is commingled with th	at from any other lease or pool, give commi	ngling order number	Unknown		
V. COMPLETION DATA		and order number.			
Designate Time of Committee	Oil Well Gas Well	New Well Workover D)		
Designate Type of Completio		1 I I I I I I	Deepen Plug Back Same	Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	DD TD		
			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Table D		
erforations			Tubing Depth		
errorations			Depth Casing Shoe	·	
			Deput Casing Since		
	TUBING, CASING AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CAOVO	\$40K0.05H5H5	
			SACKS	SACKS CEMENT	
			_		
TECT DATA AND DECLE					
TEST DATA AND REQUE	EST FOR ALLOWABLE				
IL WELL (Test must be after	EST FOR ALLOWABLE recovery of total volume of load oil and mu	ssi be equal to or exceed top allowable	for this depth or be for full 2	24 hours)	
IL WELL (Test must be after		ist be equal to or exceed top allowable Producing Method (Flow, pump, go	for this depth or be for full 2 as lift, etc.)	24 hours.)	
IL WELL (Test must be after ate First New Oil Run To Tank	EST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, g.	s for this depth or be for full 2 as lift, etc.)	24 hows.)	
IL WELL (Test must be after ate First New Oil Run To Tank	EST FOR ALLOWABLE recovery of total volume of load oil and mu	Producing Method (Flow, pump, go	for this depth or be for full 2 as lift, etc.)	24 hours.)	
IL WELL (Test must be after ate First New Oil Run To Tank ength of Test	CST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test Tubing Pressure	Casing Pressure	as lift, etc.)	24 hours.)	
IL WELL (Test must be after ate First New Oil Run To Tank ength of Test	EST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, g.	as lift, etc.)	24 hours.)	
IL WELL (Test must be after ate First New Oil Run To Tank ength of Test	CST FOR ALLOWABLE recovery of total volume of load oil and mu Date of Test Tubing Pressure	Casing Pressure	Choke Size	24 hours.)	
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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.