District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe. NM 87504-2088

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

RΤ

District IV				عالهد	i re, N	M 8/3	04-208	8					
PO Box 2088, I.	Santa Fe, N	M \$7504-208 REQUES	ST FOR A	ALLOWA	ABLE A	AND A	UTHO	RIZAT	TON TO T	، لے RANSPC	AMENDED REPO		
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Midland, TX 79704											'Remon for Fling Code fective 2/01/95		
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0	14576		'Property Name Cone Jalmat Yates Pool Unit						* Well Number 35				
II. 10 (Locatio								<u></u> -			
Ul or iot no.	Section 25 *	Township 22	Range 35	Lot.Idn	Feet In	90	North/South Line South		Feet from the 1650	East/West E	County Lea		
11]	Bottom	Hole Lo	cation	<u> </u>					<u> </u>	.l			
UL or lot no.	Section	Township	Range	Lot Ida	Feet fr	om the	North/South line		Feet from the	East/West line County			
¹² Lee Code	13 Produc	ing Method (Code 14 Gas	Connection D	Pate 18	C-129 Pers	nit Numbe		C-129 Effective	Date II	C-129 Expiration Date		
II. Oil a	nd Gas	Transpo	rters						·				
Transpor	ter	" Transporter Name and Address				и POD и O/G			" POD ULSTR Location				
022628	3 7	Texas New Mexico Pipeline Go				2276410 0			and Description				
	1	P. O. Box 2528 Hobbs, NM 88241				22/6410 0			E-24-22S-35E				
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Managan,	FT	(DE1-11	77X7	4107									
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I. Well 7		ta	<u></u>										
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"Choke	Size	41	Oil	4 V	Valer		₫ Gau		" AOF		" Test Method		
I hereby certify with and that the mowledge and be ignature:		Appl 18	Conservation Division and compi	vision have bee lete to the best	n complied of my	Approved	l by:	INAL S	SERVATION BY	IVID NC			
John Pool Wice President						Title: GARY WINK Ammond Date: FIELD REP. II							
alc: 4/03/			Phone:	Approval Date:									
If this is a cha	age of oper	ator fill in th	1	per and name	of the previ	ious onerei	or	, , , ,	. 1000				
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	- · · · · · · · · · · · · · · · · · · ·	ERROL SIGNA	ture			Printed	Name			Title	Date		

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office 2.

Reason for filling code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Includensate) Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- The API number of this well 4
- The name of the pool for this completion
- The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10
- The bottom hole location of this completion 11
- Lease code from the following table: 12

de from the following Faderal
State
Fee
Jicarilla
Navajo
Uta Mountain Ute
Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20
- Product code from the following table 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrele of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name 47 I ne previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person