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

District II

PO Drawer DD, Artesla, NM 88211-0719 District III

1000 Rio Brazos Rd., Aztec, NM 87410

Di

## OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Departs

Form C-1 Revised February 21, 19 CISY Instructions on be Submit to Appropriate District Off

ict IV 30x 2088, Sa	nta Fe, NM RF	87504-2088 EOUEST	r FOR AL	LOWABI	LE AND	AUTHO	RIZATI	ON TO TR		ENDED REFO
				e and Address					<sup>2</sup> OGRID Numi	ber
SDX RESOURCES, INC. P. O. Box 5061 Midland, TX 79704  API Number Pool							020451 3 Reason for Filing Code			
							TO CORRECT OIL POD NUMBER			
										Pool Code
•A 0 • 0			Shugart Yates SR-QN-GB				56439			
Property Code			Biluga	It laces	* Proper	rty Name			* Well-Number	
	19240		Kenwo	ood				· · · · · · · · · · · · · · · · · · ·	2	<del>, ,</del>
		Location		Lot.ldn	Feet from the	Nort	/South Line	Feet from the	East/West line	County
or lot no	Section	Township	Range 31E	Lot.ion	990	ł	rth	330	West	Eddy
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L or lot no.	Section	Hole Lo		Lot Idn	Feet from th	e Nori	h/South line	Feet from the	East/West line	County
<sup>2</sup> Lee Code F	<sup>13</sup> Produci	ng Method C	Code 14 Gas	Connection Date	15 C-129	Permit Num	ber	14 C-129 Effective	Date 17 C	C-129 Expiration De
. Oil a	nd Gas	Transpo	rters				1 * 0 =		non III erra	
Transporter OGRID			<sup>19</sup> Transporter Name and A ldress			POD NO/G		<sup>22</sup> POD ULSTR Location and Description		
			jo Refining Co.			26710 <b>0</b>				
		P. O. I	Box 159 a. NM 88	3211 <u>–0159</u>						
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	luced W	ater						l Doorleton	<del></del>	
	<b>POD</b> 6750				~ 1	POD OESTK	Focation and	d Description		
. Well	Comple	etion Da	ta					77.6		» DHC, DC,M
<sup>11</sup> Sp	ed Date		<sup>36</sup> Ready Date		" TD	* PBTD		rerio	"Perforations" DHC, I	
	N == 1		37	Casing & Tubi	ine Size	<del></del>	n Depth	Set	34	Sacks Cement
	" Hole Si	7E		Casing or Yang			·			
					<u> </u>	-				
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VI. We	ll Test I	Data								
			as Delivery Date n .		Test Date	74 7	Test Length	" Tbg.	Pressure	4 Cag. Pressu
41 Choke Size		42 OII		Water 4		44 Gas	44	AOF	* Test Metho	
"I hereby of with and the knowledge of Signature:  Printed name	at the information belief.	e rules of the ation given ab	ove is true and o	n Division have becomplete to the b	been complied est of my	Approved b	y: Oris	CONSERVA CHNAL SIGNS TRICT II SUP	id by tim i	
Title: Regulato						Approval Date: AUG 1 1330				
Date:	7	/29/96	Phone:	915/685-	1761	<u>L</u>				
" If this i	a change o	f operator fi	I in the OGRII	number and n	ame of the pre	vious operato	r			
<b> </b>	Provide	ous Operator	Signature		<u>/</u>	Printed	Name	•	Title	