

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DEC 26 1992

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

O. C. D.
OFFICE OFFER

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SDX RESOURCES, INC. ✓	Well API No. 30-015-27157
Address P. O. Box 5061 Midland, TX 79704-5061	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Artesia Metex	Well No. 62	Pool Name, Including Formation Artesia-Q-G-SA	Kind of Lease State, Surface	Lease No. E 648-131
Location Unit Letter <u>IE</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Company <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5050 Bartlesville, OK 74004				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 30	Twp. 18	Rge. 28	Is gas actually connected? No	When? Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/19/92	Date Compl. Ready to Prod. 11/23/92	Total Depth 2200	P.B.T.D. 2170					
Elevations (DF, RKB, RT, GR, etc.) 3562 G.L.	Name of Producing Formation Loco Hills - Metex	Top Oil/Gas Pay 1859	Tubing Depth 2050					
Perforations 18 Shots - 1859-65, 1919-26, 1967-71	Depth Casing Shoe 2195							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	361	300 sx Class "C"					
7 7/8	5 1/2	2200	300 sx Lite, 200 sx 50' 50 POZ					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 11/24/92	Date of Test 12/1/92	Producing Method (Flow, pump, gas lift, etc.) Pumping - Rod Pump 2"x2 1/2"x12' THD Pump	
Length of Test 24 hours	Tubing Pressure 20	Casing Pressure --	Choke Size Open <u>Port IO-1</u> <u>1-1-93</u>
Actual Prod. During Test	Oil - Bbls. 22	Water - Bbls. 45	Gas- MCF TSTM <u>comp & BR</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Barbara E. Wickham
Signature
Barbara E. Wickham Prod. Analyst
Printed Name
12/14/92 Title
(915) 685-1761
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 3 1992

By MIKE WILLIAMS
ORIGINAL SIGNED BY

Title SUPERVISOR, DISTRICT II

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.