Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			a 1 c, 14c w 14lc			į	JUN 25	1991		
I.			R ALLOWAB			ZATION				
Operator	10	IHAN	SPORT OIL	AND NA	ATURAL G	AS wan சி	O, C, D Or A:BRIEB), चाट्ट		
SDX Resources,	Inc.					Wen 7	d1140.5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	* 14 .5 t		
Address Post Office Box	5061, N	lidla	nd, Texa	s 7970)4					
Reason(s) for Filing (Check proper box)	-		_	Ot	ther (Please expl	lain)				
New Well Recompletion	Ch Oil		ransporter of:	Char	nge of O	nerato	r Effoc	tivo 6	_1701	
Change in Operator	Casinghead G	_	ondensate	Char	ige of o	peraco	r prrec	CIAG 0	-1/-91	
			, P. O.	вох 48	1, Arte	sia, N	ew Mexi	.co 882	11-048	
II. DESCRIPTION OF WELL										
Lease Name Artesia Unit	W		ool Name, Including				of Lease		ase No.	
Location Al Cesta Office		5	E. Em	pire-Y	-5K	State,	Federal or Fee	Sta	te 647	
Unit Letter P	_ :330) F	eet From The	S Li	ine and	990 Fe	et From The _	Е	Line	
Section 26 Townsh	ip 178	5 R	ange 2	8E ,1	NMPM,		Edd	ly	County	
III. DESIGNATION OF TRAN	SPORTER (OF OIL	. AND NATHI	RAT. GAS	2					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATULE Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company					P. O. Box 175, Artesia, NM 88210					
Name of Authorized Transporter of Casin	-	_	r Dry Gas 🔚	Address (G	ive address to w	hich approved	copy of this for	rm is to be sen	u)	
Phillips Petrol					l Penbro			'X 7976	0	
If well produces oil or liquids, give location of tanks.	Unit Se	_		1	illy connected?	When				
If this production is commingled with that	from any other l		17S 28E	Yes	mber		3-61			
IV. COMPLETION DATA										
Designate Type of Completion	- (X) C	Dil Well	Gas Well	New Wel	l Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. I	Ready to P	rod.	Total Depth	1	<u>.l</u>	P.B.T.D.		J	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Form	nation	Top Oil/Gas Pay						
•	HALIOU	101 Top Old Old Tay			Tubing Depth					
Perforations							Depth Casing	Shoe	·····	
	TUI	BING, C	ASING AND	CEMENT	ING RECOR	RD	1			
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							Part 20-3 2-12-91			
	-							Chy Of		
V. TEST DATA AND REQUE	ST FOR AL	LOWAI	BLE	<u> </u>						
OIL WELL (Test must be after	recovery of total	volume of	load oil and must	be equal to	or exceed top al	lowable for thi	s depth or be fo	or full 24 hour.	s.)	
Date First New Oil Run To Tank	Date of Test				Method (Flow, p					
Length of Test	Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL				1			1	······································		
Actual Prod. Test - MCF/D	Length of Tes	<u> </u>	·	Bhls Cond	lensate/MMCF		Gravity of C	ondenesta	-	
					See Connection (C. L.			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular division have been complied with and is true and complete to the best of my	lations of the Oil I that the informa	Conserva	tion		OIL COI		****		N	
and and complete to the best of my	anowicuge and t	JCIICI.		Dat	te Approve	ed Jul	0 1 191	31		
Levecca Olson					ORIGINAL SIGNED BY					
Rebecca Olson	Age	ent		By.	MIA	E WIIIIAA	MS DISTRICT			
Printed Name June 25, 1991	(505) 7	46-65		Tit!	e					
Date		Talank	none No	11						

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.