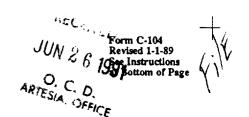
Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

<u> </u>	1	UINA	NOL	OH! OIL	ANU NA	UHAL GA	12				
Operator SDX Resources, I	nc.						Well A	.PI No.			
Address											
Post Office Box	5061,	Midla	and	, Texas	s 79704	:					
Reason(s) for Filing (Check proper box)			_		Othe	t (Please expla	iin)				
New Well		Change in			Chana			. nee			
Recompletion	Oil		Dry (_	Chang	e of Or	perator	Ellec	cive 6	-1/-91	
Change in Operator K. If change of operator give name MO	Casinghead			lensate	70 40.1	N L			000	71 0101	
and address of previous operator			• •	P. U. I	30X 481	, Artes	sla, Ne	ew Mexi	.co 882	11-0481	
II. DESCRIPTION OF WELL A	AND LEA		T=								
Lease Name Artesia Unit	Artesia Unit 12 Art				ng Formation Sia-Q-C		Kind of Lease State, Federal or Fee		ease No. ite 647		
Location Unit Letter E	. 198	30	E	From The	N ,	. (560 -	-	W	J	
Omi Dettei	· ·———		. rea	riom the	LID	and	re	et From The		Line	
Section 35 Township	1.	7S	Rang	ge 28	3E , N	ирм,		Edd	iy	County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	R OF O		ND NATU		e address to wi	hick approved	come of this f	orm is to be s		
•	L. 1				1						
Navajo Refining Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P. O. Box 175, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)					
				I .							
Phillips Petroleum Company vell produces oil or liquids, Unit Sec. Twp.				Rge.			OK, Ode When	essa, TX 79760			
give location of tanks.	l Ni l	26		S 28 E		y williamed!	l when	3-61			
If this production is commingled with that f						per:		2-01		.	
IV. COMPLETION DATA	•			.							
Designate Type of Completion	· (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	o Prod		Total Depth	<u> </u>	<u>. </u>	P.B.T.D.	1	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casing Shoe			
								Depth Cash	ig Snoe		
	77	TIRING	CA	SING AND	CEMENITI	NC DECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
Hote Oze								Part 16-3			
								17-10	2-9/		
								Che do			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	Æ	J		·	4.4.0,	<i></i>		
OIL WELL (Test must be after re					be equal to or	exceed top all	owable for the	is depth or he	for full 24 hou	re)	
Date First New Oil Run To Tank	Date of Te		3,			ethod (Flow, pr			jor just 24 not	<i>u</i> 3. <i>j</i>	
		-			,	(* / /		,			
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	1			•	<u> </u>			1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			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 regul	ations of the	Oil Conse	rvatio	n.						N	
Division have been complied with and is true and complete to the best of my l			ven 2D	WYE	Date	Approve	ed J	UL 01	1991		
Reliecta Olson					ORIGINAL SIGNED BY						
Signature Rebecca Olson Agent					By MIKE WILLIAMS SUPERVISOR, DISTRICT IF						
Printed Name June 25, 1991 (Date	505)		Title 520 ephon)	Title		······································		· · · · · · · · · · · · · · · · · · ·		
			.,								

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.