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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

NOV 19 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SDX RESOURCES, INC.		Well API No. 30-015-27619
Address P. O. Box 5061, Midland, TX 79704		
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 Arco State 26	Well No. 1	Pool Name, Including Formation Artesia-Q-G-SA	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. 647
Location Unit Letter K : 1650' Feet From The South Line and 1650' Feet From The West Line Section 26 Township 17-S Range 28-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp.	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 K Sec 26 Twp 19S Rng 28E	Is gas actually connected? <input checked="" type="checkbox"/> When NA

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-19-93	Date Compl. Ready to Prod. 10-29-93		Total Depth 3110		P.D.T.D. 3062			
Elevations (DF, RKB, RT, GR, etc.) 3655 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 2445		Tubing Depth 2803			
Perforations (SPF) 2445, 47, 49, 58, 60, 62, 86, 88, 2502, 03, 04, 20, 21, 77, 88, 90, 2602, 04, 42, 43, 58, 77, 78, 88, 90		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		530		200 sx Lite			
					175 sx Class C			
7 7/8	5 1/2		3103		375 sx Class C			
					425 sx Lite			

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.)

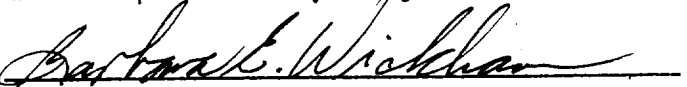
Date First New Oil Run To Tank 11-1-93	Date of Test 11-3-93	Producing Method (Flow, pump, gas lift, etc.) Pumping 12"x2 1/2"x2" Rod Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size Port ID-2 2-25-94
Actual Prod. During Test	Oil - Bbls. 48	Water - Bbls. 125	Gas - MCF 25 Comp & BK

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


Signature **Barbara E. Wickham** Agent
Printed Name **11-12-93** Title **915-685-1761**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 29 1993**

By **ORIGINAL SIGNED BY**
MIKE WILLIAMS
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.