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Submit 5 Copies Appropriate District Office <u>DISTRICT I</u>	State of N Energy, Minerals and Nat	ew Mexico ural Resources Department	ल्स हि:√€₽	Form C-104 Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240		-	••	See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. B	TION DIVISION	M1F 100	as Douoin of Lage
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, New M	exico 87504-2088	n EA NACTION NACES	
I.	REQUEST FOR ALLOWAR	BLE AND AUTHORIZAT	ION	
1. Operator		AND NATURAL GAS		
SDX Resources,	Inc.		Well API No.	
Address Post Office Box	5061, Midland, Texa	as 79704		
Reason(s) for Filing (Check proper box) New Well		Other (Please explain)		
Recompletion	Change in Transporter of: Oil Dry Gas	Change of Open	rator	
Change in Operator	Casinghead Gas 🗌 Condensate	Effective Marc		
If change of operator give name Y and address of previous operator	ates Drilling Co., 2	207 S. 4th, Artes	sia, New Mex	ico 88210
II. DESCRIPTION OF WELL				
Lease Name	Well No. Pool Name, Includi	ing Formation	Kind of Lease	Lease No.
Artesia Metex U		esia-QN-GR-SA	State, Federal or Fee	St.
	1000	2		
Unit Letter	_ : 1980 Feet From The	<u>S</u> _Line and <u>7008</u>	.6 Feet From The	WLine
Section 75 Townshi	p 185 Range 778	, NMPM,	E	ddy County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS		
	T or Condensate	Address (Give address to which a		
Navajo Refining Name of Authonized Transporter of Casing	company ghead Gas X or Dry Gas	P. O. BOX 175 Address (Give address to which a	<u>Artesia, N</u>	M 88210
Phillips Petrol	eum_Company	4001 Penbrook	Odecca TV	5 10 be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	When ?	_/9/00
If this production is commingled with that	from any other lease or pool, give comming	<u>no gas</u>		
IV. COMPLETION DATA				
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover De	epen Plug Back San	ie Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	l	
			P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Denth Cruit of	
			Depth Casing Sh	œ
HOLE SIZE	TUBING, CASING AND			
	CASING & TUBING SIZE	DEPTH SET	SAC	KS CEMENT
				······
V. TEST DATA AND REQUES	T FOR ALLOWABLE			
OIL WELL (Test must be after r	ecovery of total volume of load oil and must	be equal to or exceed top allowable	for this depth or he for f	ul 24 hours)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	,
Length of Test	Tubing Pressure	Casing Pressure		2 27 4 M
	Trough Liceanic	Casing Pressure	Choke Size	3 27 47
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF	S.M. CP
GAS WELL Actual Prod. Test - MCF/D	Length of Test			
	Longui of Test	Bbis. Condensate/MMCF	Gravity of Cond	ensate
Testing Method (pilol, 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		OIL CONSERVATION DIVISION		
is true and complete to the best of my l	mowledge and belief.	Date Approved _	MAR 2 3 1	992
Revera Olso	Ŷ			
Signatura		ByORIGINAL SIGNED BY		
Printed Name Title		MIKE WILLIAMS -		
March 17, 1992 (505) 746-6520		TitleSUPE	LAVISUR, DISTRIC	· I · II
Date	Telephone No.	, ,		

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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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes