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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		Sa	nta F	e, New M	lexico 875	04-2088	4				
I.	REQ	JEST FO	OR A	ALLOWA	BLE AND	AUTHORE	ZATION				
Operator		IO INA	11151	OHIOI	L AND NA	TURAL GA					
SDX Resources, Inc.								API No.			
Post Office Box	5061	Midl	and	l mov	7070	\ A	<u>-</u>				
Reason(s) for Filing (Check proper box)	3001	MIUI	and	, Tex) 4 her (Please explo	-1-1				
New Well		Change in	Transp	porter of:		ige of C		r			
Recompletion Change in Operator	Oil Casinghe	∐	Dry C		Effe	ctive M	larch 1	, 1992			
			Conde	CO	207 S	4th, Ar	togia	37			
						TON, AL	Lesia,	new me	X1CO	38210	
II. DESCRIPTION OF WELL. Lease Name	AND LE	Well No.	Bool 1	Nama Yashud							
Artesia Metex U	Artesia Metex Unit 53						g Formation Kind of State,			ease No.	
Location		,			X	i ok bi	<u>`!</u>		St	•	
Unit Letter	- :	660	Feet F	rom The	<u>_S Lir</u>	ne and	180_Fe	et From The	\mathcal{W}	Line	
Section CS Township	, 18	55	Range	· 含	7E N	МРМ.			raa		
III DESIGNATION OF TRANS	CD C D mr	T 07 01							Eddy	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Or Condensate Address (Give address to which approved conv of this form is to be sent)											
Navajo Refining Company						dress (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company well produces oil or liquids, Unit Sec. Twp. R				Rge.	4001 Penbrook, Odessa, TX 79760					50	
is production is commingled with that from any other lease or pool, give commingling order number:						When	en 7				
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, gi	ive comming	ling order num	lber:					
		Oil Well		Gas Well	New Well	Workover	1 2				
Designate Type of Completion - Date Spudded		_i	Ì		Item Hen	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date abridged	Date Com	pl. Ready to	Prod.		Total Depth		·	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			71: 2			
Perforations								Tubing Depth			
								Depth Casing	Shoe		
	7	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	DI E								
OIL WELL (Test must be after re	covery of to	stal volume o	of load	oil and must	be equal to or	exceed top allo	wahle for this	denth on he for	6.11.24 barra	1	
Date First New Oil Run To Tank	Date of Te	SI.	·		Producing M	ethod (Flow, pw	mp, gas lift, e	ic.)	Juli 24 Nour	3.)	
Length of Test	Tubing Pressure				Casing Pressure			0			
	Tabing Production				Water - Bbls.			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Gas- MCF							
GAS WELL					L						
Actual Prod. Test - MCF/D	Length of	Test		- 	Bbls Conden	este/AA/CE		10-1-1-20		 ,	
	Tubing Pressure (Shut-in)				Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate Choke Size			
Testing Method (pitot, back pr.)											
VI. OPERATOR CERTIFICA	ATE OF	COMP	TAN	ICE				<u> </u>			
I hereby certify that the rules and regular	tions of the	Oil Conserv	ation		(DIL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								MAR 2 3 1993			
					Date	Approved	t	RENI Z	3 1992	··	
Revecca Olson						.	MALAL OLO	NED BY			
Signatura Rebecca Olson Agent					_R A-	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name Title					Title SUPERVISOR DISTRICT						
March 17, 1992 Date	(505)		bone N			4					

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 annumber of the state of the section of