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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 accepyed

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

OIL CONSERVATION DIVISION

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

1000 Rio Brazos Rd., Aztec, NM 87410		- Cui	1 C, 1 CW 141		_		i Katharan			
I.	REQ	JEST FO	R ALLOWA	BLE AND	AUTHORIZ	ZATION				
Operator		TO THAT	SPORT OIL	- AND NA	TURAL GA		- BL VI			
SDX Resources,			Well	API No.						
Post Office Box	5061	. Midla	and Town	7070						
Reason(s) for rining (Check proper box)	3001	MIGIE	and, Texa		er (Please expla	rin)				
New Well			ransporter of:		ge of O		r			
Recompletion Change in Operator	Oil		Ory Gaa	Effe	ctive M	arch 1	, 1992			
	Casingher		Condensate							
and address of previous operator			ng Co., 2	207 5.	4th, Ar	tesia,	New Me	exico 8	38210	
II. DESCRIPTION OF WELL Lease Name	AND LE									
Artesia Metex U	nit	Well No. I	Pool Name, Includi	_			A Lease		ease No.	
Location	1116	1701	Art	esia-Q	N-GR-SA	State,	Federal or Fee	St.	<u> </u>	
Unit Letter	<u> </u>	180	Feet From The	S	e and	0(n() E		G		
Section 75 Townshi	- 16			- <i>C</i>		re	et From The _		Line	
decada C 2 Townshi	P 17))]	Range Z	78 ,N	МРМ,			Eddy	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OIL	AND NATU	RAL GAS						
or Condensate					Address (Give address to which approved copy of this form is to be sent)					
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)					
Phillips Petrol	eum_Cc	mpany_		4001	Penbro	ok. Od	copy of thus for ecca 「	musio be sei PV 7076	ਧ) ਹ	
if well produces oil or liquids, give location of tanks.	Il produces oil or liquids, Unit Sec. Twp. Rge				y connected?	When	7	<u> </u>	10	
If this production is commingled with that	_1 1		1851 778	ing order av-	<u>gas</u>	L				
IV. COMPLETION DATA				ang order mutt						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to P	rod.	Total Depth	<u></u>	L	1		<u> </u>	
				P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
							Casing	Siloc		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						D				
77000 0100		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
										
			····							
V. TEST DATA AND REQUES	T FOR	LLOWAI	BLE	L						
OIL WELL (Test must be after r				be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Te	প্র		Producing M	ethod (Flow, pu	mp, gas lift, e	Ic.)	. 1	/ = =	
Length of Test	Tubing Pressure			Casing Press	ıre		Choke Size	fosted	10 3	
A. J. D. J. D. J. T.								3-2	792	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	take	010	
GAS WELL			· ····································		_					
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conden	sate/MMCF		Gravity of Co	ondensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)										
seeing memon (puot, back pr.)	od (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JANCE	<u> </u>			L			
I hereby certify that the rules and regul	ations of the	Oil Conserva	tion		DIL CON	SERV	ATION E	DIVISIC)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 1992		
				Date	Approved	d	MAK Z	0 13-05-		
Revecca 015	<u>m</u>			n			ainaith A	Y		
Signatura Rebecca Olson Agent					By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name March 17, 1992	(505)		Title	Title	S	UPERVIS	OR, DISTR	ICT I		
Date Plate 17, 1992	(505)		520 none No.		(

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.