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

RECEIVED

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

DISTRICT II

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210			· ·	P.(	O. I	Box 2088			MAR 1 7	1992		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	,	S	Santa Fe, New N			Mexico 87504-2088			O. C. D			
Ι.	REQU	JEST F	OR	ALLO	WA	BLE AND	AUTHOR	IZATION	ELECI - UE			
Operator		10 TR	ANS	PORT	0	L AND N	ATURAL G	AS				
SDX Resources,	Inc.							Well	API No.	<del></del>		
Post Office Box	5061.	Mid	lan	a ma		7076					<del></del>	
The control of the co		niu.	Lam	u, Te	2 X &		) 4 her (Please expi	lain)				
New Well	Chan	ge of C	perato	or								
Change in Operator	Oil Casinghea	d Gas	Dry	Gas densate	H	Effe	ctive M	arch ]	1, 1992			
If change of operator give name and address of previous operator	ates D	rilli	ing	Co.,	, 2	207 S.	4th, Ar	tesia	New M	exico	88210	
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name  Well No. Pool Name, Inclu  Artesia Metex Unit  50  Art						ling Formation		Kind	of Lease		ease No.	
Location Hetex U	nit	56	<u> </u>	A	rt	esia-0	N-GR-SA	State	, Federal or Fe	st.		
Unit Letter	_: <u>33</u>	30	_ Feet	From The	e	W_Li	ne and	3.30 F	eet From The	સ	Line	
Section 35 Townsh	ip 189	<u> </u>	Rang	ge	2	78 N	МРМ,			Eddy	County	
III. DESIGNATION OF TRAP	SPORTE	R OF O	IL A	ND NA	TU	RAL GAS				Luuy	Codilly	
WTW		or Conder	sale			Address (Gi	ve address to wh	uich approved	copy of this f	orm is to be se	:nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	1	Rge.	Is gas actuall		When				
If this production is commingled with that  IV. COMPLETION DATA	from any other	r lease or	pool, g	rive comm	ningl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Ţ	Gas Wel	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.			Total Depth			P.B.T.D.		<u>i                                    </u>	
Elevations (DF, RKB, RT, GR, etc.)	(R, etc.) Name of Producing Formation					Top Oil/Gas Pay						
Perforations									Tubing Depth			
									Depth Casing	g Shoe		
TUBING, CASING AND						CEMENTI	NG RECORI	5	<u> </u>			
HOLE SIZE	LE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
	<del> </del>											
. TEST DATA AND REQUES	T FOR AI	LOWA	BLE			<del></del>		<del></del>				
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	il volume o	f load	oil and m	ust i	be equal to or	exceed top allow	vable for this	depth or be fo	or full 24 hours	s.)	
	Date of Test					Producing Me	thod (Flow, pun	φ, gas lift, e	(c.)	2	1	
ength of Test	Tubing Pressure					Casing Pressu	re	<del></del>	Choke Size 3-27-92			
actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas-MCF To ha Di				
CAC MINI Y		<del></del>								- Grag		
GAS WELL  ctual Prod. Test - MCF/D	Length of Te	et				D. C.						
						Bbls. Condens	ate/MMCF		Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
L OPERATOR CERTIFICA	ATE OF (	COMPI	LAN	NCE	$\neg$	<u> </u>		<del></del>	·			
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 knowledge and belief.												
Revecca Deson						Date ApprovedMAR 2 3 1992						
Signature						By						
Printed Name Title						MIKE VICEIANS						
March 17, 1992 (505) 746-6520  Date Telephone No.						Title SUPERVISOR, DISTRICT IF						
		Teleph	none N	lo.	- []		~					

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.