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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico, 87

STREET	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
VAP [ 10	92

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Santa	re, new M	exico 8/5	04-2088		Ü.		
I.	REQU	EST FOR	ALLOWA	BLE AND	AUTHORI	ZATION	<i>ଲଗ୍ୟାରି ବ</i> ା ଅନ୍ତ ୍ର	E -	
Operator		OTRANS	SPORT OIL	<u>- AND NA</u>	TURAL GA	<b>4</b> \$			
SDX Resources, Inc.					Well A				
Address Post Office Box	E061	w2 33 -	• <u> </u>				<del></del>	<del></del>	<del></del> -
Post Office Box Reason(s) for Filing (Check proper box)	2001,	Midla	nd, Texa						
New Well		Change in Tra	nenostas of:		er (Please expl				
Recompletion	Oil	_	y Gas	Chan	ge of O	perato	r		
Change in Operator	Casinghead		ndensate	FILE	ctive M	arch 1	, 1992		
			g Co., 2	207 S.	4th. Ar	tesia.	New Mo	<u> </u>	5001A
II. DESCRIPTION OF WELL							Hew Me	X100 6	70210
Lease Name			ol Mama Taskudi	an Tanada		·····			
Artesia Metex U		I				Kind of Lease Lease No. State, Federal or Fee St.			
Unit Letter	:_ 16	SU R	et From The	S 1:	e and 3	30 Fe		G	
Section U Townshi	in 189		nge 77 8			re	et From The		Line
					МРМ,	<del></del>		<u>Eddy</u>	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OIL	AND NATU	RAL GAS			<del></del>		
Navajo Refining Company							copy of this for		
Name of Authorized Transporter of Casin	<u>—COMPAI</u> ghead Gas		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	-			4001	Donbro	uch approvea	copy of this for	n is to be sei	nl)
If well produces oil or liquids, give location of tanks.	well produces oil or liquids. Unit   Sec.   Two   Page			Is gas actual!	y connected?	When	essa, TX 79760 ?		
If this production is commingled with that		r lease or pool	, give commine	ing order num	<u>gao</u> her			<del>-</del>	
IV. COMPLETION DATA							<del></del>		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Date Spudded	Date Compl	. Ready to Pro	I	Total Depth	l	L	P.B.T.D.	<del></del> -	<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay					
			Top Old Oza ( zy			Tubing Depth			
Perforations				·			Depth Casing	Shoe	
		IRING CA	SING AND	CE) CE) my	VG PEGOP				
HOLE SIZE	CAS	ING & TUBIN	ASING AND	CEMENTI		D	<del> </del>		
	1 0/13	ING & TOBI	IG SIZE	DEPTH SET			SACKS CEMENT		
	+	<del></del>		<del></del>		<del></del>	<del> </del>		
				<del></del>			<del> </del>	<del></del>	<del></del>
V TECTED AND ASSOCIATION							<del> </del>		
V. TEST DATA AND REQUES OIL WELL  (Test must be after t							<del></del>		
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total	al volume of la	and oil and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hour	·s.)
Date I have on Run 10 1ank	Date of Test	<b>L</b>		Producing M	ethod (Flow, pu	mp, gas lift, e	tc.)		1 1 -
Length of Test	Tubing Pres	Tubing Pressure		Casing Pressure			Choke Size Pasted 10.		
							3-27-92		
Actual Prod. During Test	Oil - Bbls.		<u>-</u>	Water - Bbis	-	************	Gas- MCF	Echi	9 000
GAS WELL	1		<del></del>	I			L		
Actual Prod. Test - MCF/D	Length of T	est		Thu. A			<del></del>	·	
	Dangar Gr.	CO.		Bbls. Conder	isste/MMCF		Gravity of Cor	idensate	
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Press	ure (Shut-in)		Choke Size		
VI ODED ATOD CEDTURE	I ATTE OF	<u> </u>	127000	<del>ار</del>					
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul				$\parallel$ $\alpha$		ISERV	ATION D	11/1010	\NI
Division have been complied with and	that the inform	nation given a	bove	`			THOND	141010	71 <b>N</b>
is true and complete to the best of my	knowledge and	d belief.		Date	Approve	d	MAR 2	3 1000	
Reveca Olso	n				· · · hhi o ve	<u> </u>		L	<del></del>
			<del></del>	By_		عاده المندا	NED BY		
Signature Rebecca Olson Agent Printed Name				By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT IT					
March 17, 1992	(505)	746-65		Title		ERVISOR	DISTRICT	17	
Date		Tolooba	N-	11	50.				

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.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.