Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 8 DISTRICT II P.O. Drawer DD, Artesia, NM

State of New Mexico

Form C-104

DISTRICT I P.O. Box 1980, Hobbs, NM 88240					rai Resourc			i.eCi	Revise See In	structions
DISTRICT II	(OIL C	ONSEI	RVA	TION I	DIVISIO	N	HIMD	at Bot 7 1991	tom of Page
P.O. Drawer DD, Artesia, NM 88210	wer DD, Artesia, NM 88210 P.O. Bo									
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410) DEOH	Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZA							C. D. Office	
I. Operator	REQU	TO TRAI	NSPOR	T OIL	AND NAT	AUTHORI TURAL G	AS			
SDX Resources,	Inc.						Well	API No.	115,	1117 9
Address Post Office Box		Midla	n д ти	AV 2 C	70704		L		177	11/16
Reason(s) for Filing (Check proper box)	30017	MIGIA	110, 10	CAAS		er (Please expl	ain)			
New Well		Change in 7		of:						
Recompletion	Oil Casinghead		Dry Gas Condensate		Chan	ge of	Operato	or Effe	ective	6-17-
If change of operator give name MOr	exco, I	nc.,	P. 0.	Вох	481,	Artesi	a. NM 8	88211-7	1481	
										·
II. DESCRIPTION OF WELI Lease Name			Pool Name	Includia	g Formation		1	 -		
Artesia Unit		44			a-Q-GR	-SA		Kind of Lease State, Federal or Fee		Lease No. ate 64
Location									J SC	ule 04
Unit LetterE	:99	10	Feet From T	he	W Line	and2	310 Fe	et From The	1	N Lin
Section 3 Towns	hip 18	S	Range	28	E .NM	лем,		ī	Eddy	C
III DESIGNATION OF TO	Nichopare-								-uuy	County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE	or Condens	LAND N		RAL GAS Address (Give	address to	hich anne	l appropriate to	fa	
	<u> </u>					. acces as to w	uch approved	copy of thus f	orm is to be s	seni)
Name of Authorized Transporter of Casi	nghead Gas		_							
•	Cas		or Dry Gas		Address (Give	address to w	hich approved	l copy of this f	form is to be s	seni)
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VI. OPERATOR CE I hereby certify that the rule Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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reviera Oleo)						
Signature Rebecca Olson	Agent						
Printed Name June 25, 1991	Title (505) 746-6520						
Date	Telephone No						

Date Approved JUL 0 1 1991 **ORIGINAL SIGNED BY** MIKE WILLIAMS

SUPERVISOR, DISTRICT IF

Title_

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

