Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

## OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

N 9 7 1001

1000 Rio Brazos Rd., Aztec, NM 87410  I.	REQUEST FOR ALLOWA		JUN 2 : 1991 TION O. C. D.	
Operator	IO THANSFORT O	IL AND NATURAL GAS	Well APIARTESIA, OFFICE	
SDX Resources,	Inc.		Well Arisables	
Post Office Box	< 5061, Midland, Tex	as 79704		
Reason(s) for Filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:	<b>a</b>		
Recompletion	Oil Dry Gas	Change of Ope	rator Effective 6-17-9	
Change in Operator	Casinghead Gas Condensate			
If change of operator give name  And address of previous operator	lorexco, Inc., P. O.	Box 481, Artesi	a, New Mexico 88211-0	
II. DESCRIPTION OF WELL Lease Name				
Artesia Unit	Weil No. Pool Name, Inclu	<del></del>	Kind of Lease Lease No.	
Location	56 Art	esia-Q-GR-SA	State, Federal or Fee State 6	
Unit Letter K	NE/SW Feet From The	Sold Line and 1570	Feet From The West Lin	
Section 3 Towns	hip 18S Range	28 E , NMPM,	Eddy County	
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	IIRAI. GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	approved copy of this form is to be sent)	
Navajo Refinino	Company		, Artesia, NM 88210	
Name of Authorized Transporter of Casi	nghead Gas X or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)	
Phillips Petrol			Odessa, TX 79760	
If well produces oil or liquids,		e. Is gas actually connected?	When ?	
give location of tanks.	<u>                                     </u>	E Ves	9-60	
If this production is commingled with the IV. COMPLETION DATA	t from any other lease or pool, give commin	ngling order number:		
Designate Type of Completion	Oil Well Gas Well	New Well Workover	Deepen   Plug Back   Same Res'v   Diff Res'	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		<b></b>	- y- canag onto	
1101 F 0175		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			Port ID3	
			7-12-91	
			Ch do	
V TECT DATA AND DECLI	POT FOR ALL OWARDS			
V. TEST DATA AND REQUE OIL WELL  Test must be after				
Date First New Oil Run To Tank	recovery of total volume of load oil and mu	ist be equal to or exceed top allowa	ble for this depth or be for full 24 hours.)	
Date First New Oil Ruff 10 120K	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	IDNI- Comit to a second		
Access From Fest - Michiga	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI OPERATOR CERTIFICA	CATE OF COMMITANCE			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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
		Date Approved		
Rillera Oli	( 10X		L SIGNED BY	
		By ORIGINA	LIMANS	
Rebecca Olson	Agent	MIKE WI	MIKE WILLIAMS SUPERVISOR, DISTRICT IT	
Printed Name	Title	Title SUPERV	1300 0	
<u>June 25, 1991</u> Date	(505) 746-6520			

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
- 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.