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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

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

OIL CONSERVATION DIVISION

RECEIVED

See Instructions at Bottom of Page

DISTRICT III

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

MAR 1 7 1992

1000 Rio Brazos Rd., Aztec, NM 87410	DEOU				-		O. C. D.			
I.	HEQU	EST FOR	ALLOWAE	BLE AND	AUTHORIZ	ZATION	LEGIA OFFIC			
Operator	TO TRANSPORT OIL AND NATURAL									
SDX Resources, Inc.						Well API No.				
Address					····					
Post Office Box	5061,	Midla	nd, Texa	s 7970	4					
Reason(s) for Filing (Check proper box) Other (Please explain)										
Recompletion	Change in Transporter of: Change of Operator									
Change in Operator										
				07 6	146 3			- 		
If change of operator give name Y and address of previous operator		T T T T T I I I	g Co., 2	.07 5.	4th, Ar	tesia,	New Me	xico 8	8210	
II. DESCRIPTION OF WELL	AND LEA	SE							, , , , , , , , , , , , , , , , , , , ,	
Lease Name	1	Well No. Po	ol Name, Includi	ng Formation Kind o			f Lease No.			
Artesia Metex U	nit	21	Art	esia-Ç	N-GR-SA	State,	Federal or Fee	St.		
li i		7 4 -								
Unit LetterM	- :	3 <u>30</u> Fe	et From The	<u>S Li</u>	ne and) O Fe	et From The	W	Line	
Section 1 Township	e 18	< P.	inge 7,8	38 .N	IMPM.			n a a		
								Eddy	County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	<u> </u>	or Condensate	, 🗀	Address (Gi	ve address to wh	ich approved	copy of this for	m is to be sen	u)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										
Phillips Petrol			Dry Gas							
If well produces oil or liquids,		mpany S∝. Tv	vp. Ree.	4 () ())	Penbro	ok Od When		X 7976	0	
give location of tanks.	<u>i i i i </u>	i	1	1 Yuc	Sold	When	•			
If this production is commingled with that	from any other	r lease or poo	l, give commingl	ing order num	iber:	· · · · · · · · · · · · · · · · · · ·			<u>-</u>	
IV. COMPLETION DATA		·								
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	· · ·	I. Ready to Pro	<u></u>	Total Depth	<u> </u>		<u> </u>			
•			,	lour popul			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
							rabing Deput			
Perforations								Depth Casing Shoe		
	71	UDDIG G	A CDIC AND	CEN CENTER			<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE						212/2 25/25/2			
Trees Olas	CASING & TOBING SIZE			DEPTH SET			SACKS CEMENT			
										
VI MYOM DAMA AND DESCRIPTION										
V. TEST DATA AND REQUES OIL WELL (Test must be after r.										
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
	Date of Tes	•		i roomering iv	iculou (Flow, pie	mp, gas iyi, e	::c.)	Der Fra	1 70-3	
Length of Test	Tubing Pressure			Casing Press	aure		Choke Size	young	27-92	
							3	27-92		
Actual Prod. During Test	During Test Oil - Bbls.			Water - Bbis.			Gas- MCF	Gug	OP	
	<u> </u>			<u> </u>	····		<u> </u>	. /		
GAS WELL Actual Prod. Test - MCF/D	17			T			·	· .		
Actual Frod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
, , ,				\warm out						
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE	1			<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CON	ISERV.	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
as true and complete to the best of my	knowledge ar	ka Deilel.		Date	e Approve	d	AR 2 3 1	992		
Reveca Oison					• •	-2.	📻 🔻			
				∥ By_	Ву					
Signatura Rebecca Olson Agent				ORIGINAL SIGNED BY						
Printed Name Title March 17, 1992 (505) 746-6520					Title MIKE WILLIAMS SUPERVISOR, DISTRICT 18					
Date Date	,,,,,,	Telepho		I	, SUPE			rradii		
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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.