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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

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page MAR 1 7 1992

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

OIL CONSERVATION DIVISION P.O. Box 2088

Diemier w		Santa	Fe New M	0X 2088 Ioriaa 97	504 0000		O. C. D.			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			Fe, New M			2 Q.	LECIA UFF	KC5		
	REQU	EST FOF	R ALLOWA	BLE AND	AUTHOR	IZATION				
I. Operator		O TRAN	SPORT OIL	L AND N	ATURAL G	AS				
1 *	SDX Resources, Inc.					Well				
Address										
Post Office Box	5061.	Midla	nd Mow	~ 707	^.					
Reason(s) for Filing (Check proper box)	30017	MIGIA	ilu, lexa			 	···			
New Well		Change in Tra	Insporter of	Cha:	ther (Please exp	lain)	_			
Recompletion	Oii		y Gas	Eff.	nge of (ective	Jperato	or Jacon	•		
Change in Operator X	Casinghead	Gas 🔲 Co	odensate							
If change of operator give name and address of previous operator	ates D	rilling	Co.,	207 S.	4th, A	rtesia	Now N	(AVICA	0011	
			•				NEW P.	EXICO	56210	
II. DESCRIPTION OF WELL Lease Name										
weil No. Pool Name, Including					0		of Lease			
Artesia Metex U	Metex Unit 13 Art				cesia-QN-GR-SA State,			* St		
	7	7		_					<u> </u>	
Unit Letter	_ : <i>C</i>	310 Fe	et From The	<u> ၉</u> ပ	ine and Z	310 F	et From The	S	Line	
Section 19 Townshi	ip 189	- .	71	2 6					Line	
I I WHAT	<u>p</u> 10.	<u>⊃ Ra</u>	nge Z	38 ,1	VMPM,	_		Eddy	County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATE	DAT CAC	1				-	
Name of Authorized Transporter of Oil	[X] '	or Condensate	MIND HATU	Address (G	ive address to w	high games		, 		
Navajo Refining	Compar	าง								
Name of Authorized Transporter of Casin	ghead Gas		Dry Gas	Address (G	D. BOX]	lo Ar	tesia,	<u>NM 88</u>	210	
Phillips Petrol	eum Cor	npany		4001	l' Bonhro	ale 0.3	copy of this f	orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit S	Sec. Tw	p. Rge.	Is gas actua	L' Penbro	When	essa,	<u>TX 7976</u>	50	
	a	75 118	ろ 1ァフ	1 4 0			•			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or pool	, give commingl	ing order nur	nber:					
IV. COMPLETION DATA				· 						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Ready to Pro	<u> </u>	<u> </u>	_l		<u></u> _	İ	i	
•	Date Compi.	Ready to Pro	a.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay									
•		cing Formation		TOP OID GES PRY			Tubing Depth			
Perforations					Depth Casing Shoe					
							Depui Casin	g Snoe		
	π	JBING, CA	SING AND	CEMENT	ING RECOR	D				
HOLE SIZE		NG & TUBIN		DEPTH SET				SACKS CEME	INT	
								MONS CEIVIE	381	
										
V TECT DATA AND DECLE	TOD AT	T 6101750								
V. TEST DATA AND REQUES OIL WELL (Test must be after r	of FOR AL	TOMARI	Æ			-				
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	l volume of lo	ad oil and must	be equal to o	r exceed top allo	owable for this	depth or be f	or full 24 hour	s.)	
on the control of the	Date of Test			Producing Method (Flow, pump, gas lift, etc.)				<i></i>	,	
Length of Test	Tubing Press	IIre		Casina Proce			Choke Size	Poste	110-3	
			-	Casing Pressure			Choke Size Pasted ID-3 Choke Size Pasted ID-3 Gas-MCF Eng OP			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		- 2	
					•		Cas- Mici	EM	9 8F	
GAS WELL							L			
Actual Prod. Test - MCF/D	Length of Te	s l		Bhie Conde	nante AAAACT	·	10	·		
				Bbis. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
					(cue : .c)		GIOLE SIZE			
VI. OPERATOR CERTIFIC	ATE OF (COMPLIA	ANCE				<u> </u>			
I hereby certify that the rules and regula	ations of the O	il Conservatio	n		OIL CON	ISERV	I NOITA	OIZIVIC	N	
Division have been complied with and	that the inform	ation given ab	ove					2141010	14	
is true and complete to the best of my i	mowledge and	belief.		Dot	Annraic	<u>ط</u> ،	Ma-			
0.1				Dale	Approve	u —	MAR 2 S	1992		
Revece Olso	\mathcal{M}							-		
Rebecca Olson	Aa	ent	:	By_	N.	RIGINIAL	MENEU B	 	 	
Printed Name Title					ORIGINAL SIGNED BY MIKE WILLIAMS					
March 17, 1992	(505)	746-65	20	Title		JPERVISC		ICT I		
Date		Telephon	• No	I	, ,	•				

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.