Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 RECEIVED Form C-104
• Retail 1-1-89
• See Instructions at Bottom of Page O. C. D. ARTESIA, OFFV.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Name of Authorized Transporter of Casinghead Gas

O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. SDX Resources, Inc. Address Post Office Box 5061, Midland, Texas 79704 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Change of Operator Effective 6-17-91 X Casinghead Gas Condensate Change in Operator

If change of operator give name and address of previous operator Morexco, Inc., P. O. Box 481, Artesia, New Mexico 88211-0481 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease No. Kind of Lease Lease Name State, Federal or Fee State 647 AC 711 86 <u> Artesia-Q-GR-SA</u> State 647 Location 990 Feet From The S Line and 330 Feet From The Unit Letter \_\_\_ 27 Township 18S Range 28E , NMPM, County Eddy ---III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X Navajo Refining Company P. O. Box 175. Artesia, NM 88210
Address (Give address to which approved copy of this form is to be sent)

or Dry Gas

X

Phillips Petroleum Company			4001 Penhrook - Odases TV 70760						
If well produces oil or liquids,	Unit	eum Company   4001 Penbrook   Odessa, TX 7							30
give location of tanks.	F	1 27 1	<sub>185</sub> 1 <sub>28 E</sub>	Yes	···		-766		
If this production is commingled with th		ther lease or po	ol, give comming	ling order num	ber:		7-66		
IV. COMPLETION DATA									
	<u> </u>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completic	on - (X)	1	1	1	1	ļ		1	1
Date Spudded	Date Con	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		
	<u> </u>	TUBING, C	ASING AND	CEMENTI	NG RECOR	D			
HOLE SIZE		ASING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT		
					_		Post	TIP	3
							7-6	2-9/	
							Cho	.00.	
	-					<u> </u>	03	<i>p</i>	
i									

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL

Date of Test

Date First New Oil Run To Tank

Length of Test Tubing Pressure  Actual Prod. During Test Oil - Bbls.		Casing Pressure	Choke Size  Gas- MCF		
		Water - Bbis.			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

Producing Method (Flow, pump, gas lift, etc.)

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and better.							
PELHERA GLOOM							
Signature Rebecca Olson	Agent						
Printed Name	Title						
June 27, 1991 (505	746-6520						
Date	Telephone No.						

## OIL CONSERVATION DIVISION

Choke Size

Jun 2 3 9561 ... Date Approved \_

ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT I 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.