Submit 5 Copies
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
See Instructions
at Bottom of Page

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DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

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

I.	REQ	JEST F	OR A	LLO'	WAE	BLE AND	AUTHORI	ZATION				
Operator TO TRANSPORT OIL							TURAL G		1803			
SDX Resources, Inc.							Well API No.					
Post Office Box	5061,	Midl	and	. T	exa	s 7970	Δ	l -	 			
Reason(s) for ruing (Check proper box)	<u>-</u>						ner (Please expl	lain)				
New Well Recompletion	٥.,	Change in				Chan	ge of O	perato	r			
Change in Operator	Oil Casingher		Dry G			Effe	ctive M	larch 1	, 1992			
			Conde		<u>⊔,</u>	07 C	441 7	, ,				
and address of previous operator		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ing (-	, 2	07 5.	4th, Ar	tesia,	New Me	xico 8	8210	
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name Well No. Pool Name, Including						ng Formation			of Lease			
Artesia Metex Unit 41 Arte						esia-O	N-GR-SA	State	Federal or Fee	St.	·	
Unit LetterE	-:!	650	Feet F	rom Ti	ne	<u> Yu_Lir</u>	ne and33	<u>30 </u>	eet From The	w	Line	
Section 30 Township	18	S	Range		18	٤ , N	мрм,			Eddy	County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NA	ATU)	RAL GAS				<u> </u>	county	
or Condensate							Address (Give address to which approved copy of this form is to be sent)					
WTW Name of Authorized Transporter of Casinghead Gas or Dry Gas												
					Address (Gi	ve address to w	hich approved	copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 	1		Is gas actually connected? When			1?			
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	ner lease or	pool, gi	ve com	rmingl	ing order num	ber:					
Designate Type of Completion	· (X)	Oil Well		Gas W	'ell	New Well	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth	<u></u>	<u>.</u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing	Shoe		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					 	DEPTH SET	· 	SA	SACKS CEMENT		
								ļ				
									 			
V TECT DATA AND DECLINO	20 50 50								 			
V. TEST DATA AND REQUES OIL WELL (Test must be after re												
Day Frank Olin To The Control of the							Producing Method (Flow, pump, gas lift, etc.)					
							, , , , , , , , , , , , , , , , , , ,	ωτφ, gas tyt,	eic. <i>)</i>	sontes	1 Tn- 2	
Length of Test Tubing Pressure						Casing Press	ure		Choke Size 3 - 27 97			
Actual Prod. During Test Oil - Bbls.					Water - Bbls		· · · · · · · · · · · · · · · · · · ·	C) (CC				
	On a Bois.					Aret - Bolz	•		Gas- MCF	Eng	! Of	
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	Choke Size			
VI ODED ATOR CERTIFICA	1 O T					<u> </u>		·	<u> </u>			
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF				NCE				JSERV	ATION E	NIVICIO	.NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								VOLITY	AHONL	NVISIO	IN	
is true and complete to the best of my k	nowledge a	nd belief.				Date	Approve	od	MAR 2 3	4000		
Revecca Olson	2		1				ppi 0 ¥ 6		₹841 }} 	ISON -		
Signature						By ORIGINAL SIGNED BY						
Printed Name	Agent					MIKE WILLIAMS						
March 17, 1992	(505)	746-	6520			Title		SUPER	RVISOR, DIS	STRICT IF		
Date		Tele	phone N	٧o.	-	11	_					

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 as other such about