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

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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION MAR 1 7 1992

| Santa Fe, New Mexico 87504-2088 | | | | | | | | | | |
|--|-----------------------|---------------------------------------|---------------------------|-----------------------------------|------------------------------|--|---------------------------------------|--------------------|-------------|--|
| I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | | | | | |
| Well ADI No | | | | | | | | | | |
| SDX Resources, Inc. | | | | | | | | | | |
| Post Office Box | 5061, Mid | land | , Texa | s 7970 | 4 | | | | | |
| Newson(s) for riling (Check proper box) Other (Please explain) | | | | | | | | | | |
| Change of Operator | | | | | | | | | | |
| Change in Operator Casinghead Gas Condensate | | | | | | | | | | |
| If change of operator give name and address of previous operator Yates Drilling Co., 207 S. 4th, Artesia, New Mexico 88210 | | | | | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | | | | | | | |
| Lease Name Well No. Pool Name, Including | | | | | | | | of Lease No. | | |
| Artesia Metex Unit 37 Artesia-ON-GR-SA Location | | | | | | | Federal or Fee | St. | 647 | |
| Unit Letter C: 380 Feet From The \(\sum \) Line and \(\tau \tau \tau \tau \tau \tau \tau \tau | | | | | | | | | | |
| Section 30 Township 185 Page 7.06 | | | | | | | | | | |
| Range COO, NMPM, Eddy County | | | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address (Give address to the Condensate) | | | | | | | | | | |
| WTW | or Conde | ensale | | Address (Giv | e address to wh | tich approved | copy of this form | is to be see | 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) | | | | | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | Twp. | Rge. | Is gas actually connected? When ? | | | | | | |
| If this production is commingled with that f | rom any other lease o | r pool, gi | ve commingl | ing order num | ber: | | · · · · · · · · · · · · · · · · · · · | | | |
| IV. COMPLETION DATA | | | | | | | | | | |
| Designate Type of Completion - | - (X) Oil We | :11 | Gas Well | New Well | Workover | Deepen | Plug Back Sa | ıme Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Ready | · · · · · · · · · · · · · · · · · · · | Total Depth | l | 1 | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | | Tabling Sopul | | | |
| | | | | | | | Depth Casing S | Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | | | |
| HOLE SIZE | CASING & T | UBING | SIZE | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| V TEST DATA AND DECLIES | T FOR ALL ON | / 4 TO 7 TO | | | | | | | | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Date First New Oil Bug To Test. | | | | | | | | | | |
| Date First New Oil Run To Tank | Date of Test | - 0) 1000 | OH BRIG MILLS | Producing M | ethod (Flow, pu | mp, gas lift, e | ic.) | full 24 hour | <u>s.)</u> | |
| Length of Test | | | | | | | | postu | 150-3 | |
| Langui or res | Tubing Pressure | | | Casing Press. | Casing Pressure | | | Choke Size 3-27-92 | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbis. | | | Gas-MCF Colla OP | | | |
| GAS WELL | | | | <u>L</u> | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | - | Bbls. Conden | sate/MMCF | | Gravity of Con | densate | | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | | | | | | |
| results Michou (puot, back pr.) | Tuoing Pressure (Shi | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| VI. OPERATOR CERTIFICA | ATE OF COM | PLIA | NCE | 1 | | | 1 | · | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | OIL CONSERVATION DIVISION | | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | | | MAR 2 3 1992 | | | |
| | | • | | Date | Approve | d | INIII Z J | 1385 | | |
| Reversa Olson | | | | | Du | | | | | |
| Signature Rebecca Olson Agent | | | | by- | By CORIGINAL SIGNED BY | | | | | |
| Printed Name Title March 17 1992 (505) 746 6520 | | | | Title | Title SUPERVISOR DISTRICT IF | | | | | |
| March 17, 1992 (505) 746-6520 Date Telephone No. | | | | | - | , <u>, , , , , , , , , , , , , , , , , , </u> | -, | | | |

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 suall name or number of