Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

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

KECEIVED

JUN 28 1991

DISTRICT III			
1000 Rio Brazos Rd	Artec	NK	97410

I,			NSPORT O				HON	$\circ$	OFFICE		
Operator	·	<u> </u>	101 0111 0	ILAIND	11/1/01/1/	LUAG	Well A	PI No.	Urive		
SDX Resources, 1	Inc.										
Address Post Office Box	5061.	Midl	and. Tex	as 79	704						
Reason(s) for Filing (Check proper box)					Other (Pleas	e evolain)			<del></del>		
New Well		Change in 1	Transporter of:		Outer (1 teas	е ехриин,				ļ	
Recompletion	Oil		Dry Gas	Ch	ange o	f One	erato	r Effo	ctive (	5-17-91	
Change in Operator	Casinghead		Condensate	<b>.</b>	iange o	r op.	ruco	r Dire	CCIVE	7-17-91	
			., P. O.	Вох	481, A	rtes	ia, N	ew Mex	ico 887	211-0481	
II. DESCRIPTION OF WELL A	AND LEA	SE									
Lease Name		Well No.	Pool Name, Inclu	ding Form	tion		Kind o	f Lease	Le	ase No.	
State 647 AC 711	L	83	Arte	sia-Q	GR-SA	ı	State,	Federal or Fee	Sta	ate 647	
Location											
Unit LetterH	:1	650	Feet From The _	N	Line and _	99	) F&	et From The		ELine	
Section 33 Township	1	8 S	Range	28 E	, NMPM,	•		Ed	dy	County	
III. DESIGNATION OF TRANS	SPORTE	R OF OI	L AND NAT	URAL G	AS						
Name of Authorized Transporter of Oil		or Condens				s to which	approved	copy of this fo	orm is to be se	nt)	
Navajo Refining		nv	<b></b>	P.	0. Bo	x 17	j, Ar	tesia.	NM 88:	210	
Name of Authorized Transporter of Casing	head Gas		or Dry Gas						orm is to be se		
Phillips Petrole	eum Co	mpany							TX 797	!	
If well produces oil or liquids,			Twp. Rg	e. Is gas a	ctually connec	ted?	When	•	141 / 2 / 3		
give location of tanks.	F	27 İ		E Ye	-		i	7-66			
If this production is commingled with that f IV. COMPLETION DATA	rom any othe										
Designate Type of Completion -	· (X)	Oil Well	Gas Well	İ	Well   Works	over	Deepen	Plug Back	Same Res'v 	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.	Total D	epth	-		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil	/Gas Pay			Tubing Dept	h		
Perforations								Depth Casing Shoe			
		TIDING	CACING AND	D CEME	NITING DE	CORD		<u> </u>			
UOI E 817E	TUBING, CASING AND CEMENTING RECOR CASING & TUBING SIZE DEPTH SET					T	NOKE CEM	ENT			
HOLE SIZE	CAS	SING & TO	BING SIZE		DEPTI	1 351			SACKS CEM	ENI	
<del></del>											
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLF								
OIL WELL (Test must be after re				uet ha anun	l to or avocad	ton allow	hle for thi	e denth or ha	for full 24 kan	ze )	
Date First New Oil Run To Tank	Date of Tes		, was on and m		ing Method (F				or just 24 hou	, s.,	
Date Lier Jew Oil Kitt 10 13th	Date of Tes	a.		rioue	ing retaion (1	iow, punq	, gus 191, e		patie	1 ID-3	
Length of Test	Tubing Pressure			Casing	Casing Pressure			Choke Size Posted ID-3  Choke Size 7-12-91  Gas-MCF Edig OF			
Actual Prod. During Test	Oil - Bbls.			Water	Water - Bbis.			Gas-MCF Edg OF			
GAS WELL					<del></del>			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test			Bbls. C	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE	$\neg \Gamma -$		2011		ATION			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505)

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 belief.

1991

TELLERER ELECT

Signature Rebecca Olson

Printed Name

<u>June</u>

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Date Approved

By f ORIGINAL SIGNED BY

MIKE WILLIAMS Title I ISUPERVISOR, DISTRICT #

OIL CONSERVATION DIVISION

JUN 2 1991

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title 746-6520

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.