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Submit 5 Copies Appropriate District Office DISTRICT 1	State of N Energy, Minerals and Na	lew Mexico tural Resources Department	SE €VED	Form C-104 Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088		Y 8 - 10	See Instructions
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe. New Mexico 87504,2088			
I.	REQUEST FOR ALLOWA	BLE AND AUTHORIZAT		
Operator	IO THANSPORT OF	LAND NATURAL GAS	Well API No.	
SDX Resources, Address		Wen AFT NO.		
Post Office Box Reason(s) for Filing (Check proper box)	5061, Midland, Texa	as 79704		
New Well	Change in Transporter of:	Other (Please explain) Change of Ope	rator	
Recompletion Oil Dry Gas Effective March 1, 1992 Change in Operator Y Casinghead Gas Condensate				
If change of operator give name Y and address of previous operator	ates Drilling Co.,	207 S. 4th, Arte	sia, New Mex	ico 88210
II. DESCRIPTION OF WELL				
Lesse Name Artesia Metex U	Well No. Pool Name, Includ	-	Kind of Lease	Lease No.
Location	nit 61 Art	tesia-QN-GR-SA	State, Federal or Fee	St.
Unit Letter (i	_ : Feet From The	M Line and 105x	Feet From The	ELine
Section 75 Townshi	p 185 Range 77			3.3
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU		L	ady County
Navajo Rofin in a Condensate Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casin	Company P. O. Box 175, Artesia, NM 88210 head Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)			M 88210
Phillips Petrol If well produces oil or liquids,		-4001 Penbrook, Odessa TV 70760		
give location of tanks.	1 a 17.5 1851778	is gas actually connected?	When?	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	L	
Designate Type of Completion	Oil Well Gas Well	New Well Workover De	epen Plug Back San	ne Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		P.B.T.D.	
Perforations	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth	
Depth Casing Shoe				
	TUBING, CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC	KS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR ALLOWABLE	· · · · · · · · · · · · · · · · · · ·		
Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top cillowable Producing Method (Flow, pump, g.	for this depth or be for fu as lift, etc.)	ull 24 hours.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Ŧ
Actual Prod. During Test			1	2-19-20-5
	Oil - Bbls.	Water - Bbls.	Gas- MCF	I have car
GAS WELL		·	d	
And a roat lest - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond	ensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC	ATE 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		OIL CONSERVATION DIVISION		
is true and complete to the best of my knowledge and belief.		Date Approved MAR 2 3 1992		
<u>Revecca</u> Olson		Date Approved		· · · · · · · · · · · · · · · · · · ·
Signature Rebecca Olson	Agent	ByCRIGINAL SIGNED BY		
Printed Name	Title	MIKE WILLIAMS -		
March 17, 1992 (505) 746-6520 Date Telephone No.				

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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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number. transporter. or other such changes