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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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

DEC 1 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SDX RESOURCES, INC. ✓	Well API No. 30-015-27158
Address P. O. Box 5061 Midland, TX 79704-5061	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Artesia Metex	Well No. 63	Pool Name, Including Formation Artesia-Q-G-SA	Kind of Lease State, Surface Lease	Lease No. E 648-131
Location Unit Letter G : 1620 Feet From The North Line and 2500 Feet From The East Line Section 25 Township 18-S Range 27-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5050 Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 25	Twp. 18	Rge. 27	Is gas actually connected? No	When? Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/25/92	Date Compl. Ready to Prod. 11/3/92		Total Depth 2320		P.B.T.D. 2132			
Elevations (DF, RKB, RT, GR, etc.) 3561' G.L.	Name of Producing Formation Metex-Anderson		Top Oil/Gas Pay 1905		Tubing Depth 2050			
Perforations 22 Holes - 1905-08, 1950-59, 1972-75, 2021-24					Depth Casing Shoe 2162			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	364	300 sx Class "C"
7 7/8	5 1/2	2162	380 sx Lite - 200sx 50

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 Run To Tank 11/26/92	Date of Test 12/2/92	Producing Method (Flow, pump, gas lift, etc.) Pumping - Rod Pump 2" x 2 1/2" x 12' THD Pump	
Length of Test 24 Hours	Tubing Pressure 20	Casing Pressure --	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 30	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 belief.

Signature
Barbara E. Wickham
Printed Name
12/14/92
Date
Prod. Analyst
(915) 685-1761
Telephone No.

OIL CONSERVATION DIVISION

DEC 9 1992

Date Approved

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.