OIL CONSERVATION DIVISION

DRAWER DD ARTESIA NM

DISTRICT OFFICE II

January thru June 1993 NO. 2083 N
SUPPLEMENT TO THE OIL PRORATION SCHEDULE
March 23, 1993 ALLOWABLE ASSIGNMENT - NEW OIL (WATERFLOOD)
Effective March 1, 1993 an allowable for the following wells in the Artesia Metex Unit Flood is hereby assigned to SDX Resources Inc. in the Artesia Queen Grayburg San Andres Pool. Artesia Metex Unit #64-H-25-18-27 Artesia Metex Unit #65-F-25-18-27 Artesia Metex Unit #66-K-25-18-27 Artesia Metex Unit #67-H-25-18-27 Artesia Metex Unit #68-D-30-18-28
L - S MP - P
MW/mm OIL CONSERVATION DIVISION SDX Res. Inc.
NRC DISTRICT SUPERVISOR

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 Fa.

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	'	P.O. Box 2088 Santa Fe, New Mexico 87504-2088)N 1#	1K = 9 1993			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	חבטי					i	<u>ي ر ي ي</u>	e F		
I. Operator		REQUEST FOR ALLOWABLE AND AUTHORIZ TO TRANSPORT OIL AND NATURAL GA				AS		ተ. ኛ		
•				-			API No.			
SDX Resources, Inc.						30	-015-27	194		
P. O. Box 5061, Mid	and. Te	223 797	04-5061							
Reason(s) for Filing (Check proper box)	,	- Nas 757	- 3001	Oth	er (Please exp.	lain)				
New Well		Change in Tr	ransporter of:		(
Recompletion Change in Operator	Oil Casinghead	_	Ory Gas							
If change of operator give name and address of previous operator	·									
II. DESCRIPTION OF WELL	AND LEA	ASE								
Lease Name			ool Name, Includ	ing Formation	· · · · · · · · · · · · · · · · · · ·	Kind	of Lease		este N	
Artesia Metex Unit		66	Artesia,	Q-G-SA			WAKK KKKKA	& E648	ease No. 3–131	
Location										
Unit Letter K	: 165	50 F	eet From The	West Li	e and23.	10 Fe	et From The	South		
Section 25 Townshi	18-	·S p	ange 27-E	2	1 (D) (En .				
	<u> </u>	к	ange	<u></u>	MPM,				<u> </u>	
III. DESIGNATION OF TRAN	SPORTE									
Name of Authorized Transporter of Oil		or Condensat	LE		e address 10 w				eni;	
Navajo Refining Comp Name of Authorized Transporter of Casin	nany	(-57)	- D-: C :		Box 159					
GPM Gas Corporation	gnead Gas	<u> </u>	r Dry Gas	Address (Giv	e address to w Box 505	hich approved 0, Barti	copy of interest in the	Sem of so per	1 004	
If well produces oil or liquids, give location of tanks.	Unit	:	_	ls gas actuall		When				
	from sou orbo		18S 27E		No		Unkı	107811		
If this production is commingled with that IV. COMPLETION DATA	irom any oune	er lease or poo	oi, give comming	ling order num	ber:					
Designate Type of Completion	~\ ~\	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	
Date Spudded		Lxx	<u></u>		<u> </u>	<u></u>				
12-16-92		Date Compl. Ready to Prod. 12-29-92			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)		oducing Form	_	Top Oil/Gas	2200 Pav		2157			
3546 GL		tex-And			1810		Tubing Dep	փ - 2070		
Perforations 21 holes-1810-	12, 19-	21, 86-	87, 1923,	32-36,		95-96,	Depth Casir			
2000-						,	•	0		
			ASING AND	CEMENTI	NG RECOR	D	**********			
HOLE SIZE		ING & TUBI	NG SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8			389			325 sx Class C			
7 7/8	5	1/2		2	198		535 sx	50/50 P	OZ	
								·	······································	
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE							
OIL WELL (Test must be after r	ecovery of tou	al volume of l	load oil and musi	be equal to or	exceed top allo	omable for this	depih or se	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pi	υπρ. 80° - ∮t, e	tc.j	¥	ortIV	
12-31-92		1-11-9	3	Pumping	- Rod F	nimo 2"x	1 1/2"x	_10'	4-2-9	
Tubing Pressure			Casing Pressure			Choke Size	· ·	omp &		
Actual Prod. During Test	Oil - Bbls.	20		Water Dille	Open		10 1765	1) 01.		
From senting 1500	7			Water - Bbls. 36			Gas- MCF	707 DDI		
GAS WELL	·									
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	Se tracela		
J							J.2.11, 01 C	on the many state C		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	<u></u>		
I'I ODED LEON CONTROL	. ====						<u> </u>			
VI. OPERATOR CERTIFIC					DIL CON	ICEDVA	ATION		NA 1	
I hereby certify that the rules and regular Division have been complied with and						NOEUAY			ИV	
is true and complete to the best of my l	nowledge and	d belief.	BLOUT C	MAR MAR			MAR 2	3 1993		
Ball	1 / . 1	//		Date	Approve	C				
Clastona L. 1	Licke	an-				COLETA C	ים אובט פי	J		
Signature Barbara E. Wickham		Age	nt	∥ By_		IGINAL SI KE WILLIA		<u> </u>		
Pristed Name			ide			RE WILLIA PERVISOR		CT If		
		11	100	Title	20	1-627.41201	COBIN	J : 11		

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

Date

- 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.

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