

Submit 5 Copies
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SDX Resources, Inc.		Well API No. 30-015-27196
Address P. O. Box 5061, Midland, Texas 79704-5061		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: 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 Unit	Well No. 68	Pool Name, Including Formation Artesia, Q-G-SA	Kind of Lease State, Federal or Private	Lease No. E648-13
Location Unit Letter D 471 Feet From The North Line and 330 Feet From The West Section 30 Township 18-S Range 27-E, NMPM, BLM				

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, NM 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. 18S	Rge. 27E	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
Date Spudded 12-22-93	Date Compl. Ready to Prod. 1-8-93	Total Depth 2200	P.B.T.D. 2166					
Elevations (DF, RKB, RT, GR, etc.) 3551 GL	Name of Producing Formation Artesia-Metex-Anderson	Top Oil/Gas Pay 1853	Tubing Depth 2081					
Perforations 1853-1993			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8	DEPTH SET 378	SACKS CEMENT 350 sx Class C
7 7/8	5 1/2	2199	250 sx Lite & 200 sx
			50/50 POZ

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 1-9-93	Date of Test 1-20-93	Producing Method (Flow, pump, gas lift, etc.) Pumping - Rod Pump 2 1/2"x1 1/2"x12'	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure Open	Choke Size Open
Actual Prod. During Test	Oil - Bbls. 26	Water - Bbls. 38	Gas - MCF 552M

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 Agent
Printed Name Barbara E. Wickham Title
Date 1-22-93 Telephone No. 915-685-1761

OIL CONSERVATION DIVISION

Date Approved MAR 23 1993

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.