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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

FEB - 3 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SDX RESOURCES, INC. ✓ <i>20451</i>	Well API No. 30-015-27749
Address P. O. Box 5061, Midland, TX 79704	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/> X	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 HY State <i>13074</i>	Well No. 1	Pool Name, Including Formation L.H.-Qn-Gb-SA-South <i>39524</i>	Kind of Lease State/Federal or Fee	Lease No. V-689
Location Unit Letter H : 2160 Feet From The North Line and 330 Feet From The East Line Section 6 Township 19-S Range 29-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, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit H Sec. 6 Twp. 19S Rge. 29E	Is gas actually connected? NO When? NA

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"/> XX	Gas Well	New Well <input checked="" type="checkbox"/> XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-6-93	Date Compl. Ready to Prod. 01-28-94	Total Depth 3010	P.B.T.D. 2924					
Elevations (DF, RKB, RT, GR, etc.) 3394 GR	Name of Producing Formation SA-Gb	Top Oil/Gas Pay Qn	Tubing Depth 2815					
Productions 2466-2774	Depth Casing Shoe 3006							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8	DEPTH SET 383	SACKS CEMENT 350 sx Class C					
7 7/8	5 1/2	3006	300 sx Class C					
			650 sx Lite					

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 1-27-94	Date of Test 1-28-94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 15#	Casing Pressure NA	Choke Size NA <i>Post ID-2 4-22-94 comp & BK</i>
Actual Prod. During Test 170 bbls	Oil - Bbls. 20	Water - Bbls. 150	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Barbara E. Wickham
Signature
Barbara E. Wickham Agent
Printed Name Title
01-31-94 **915-685-1761**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 31 1994**

By **SUPERVISOR, DISTRICT II**

Title

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.