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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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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

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

JUN 21 '94

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator SDX RESOURCES, INC. 20451		Well API No. 30-015-27780
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 12077 AR 22 State	Well No. 1	Pool Name, Including Formation 46555 E. Millman, ON-GB-SA	Kind of Lease State, Federal or Fee	Lease No. 648
Location				
Unit Letter I : 967 Feet From The East Line and 2310 Feet From The South Line				
Section 22 Township 19-S Range 28-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> X or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)							
15694 Navajo Refining Company 2807489	P. O. Box 159, Artesia, NM 88210							
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> X or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)							
9121 GPM Gas Corp. 2807490	4001 Penbrook, Odessa, TX 79760							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Typ.	19S	Reg.	Is gas actually connected?	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 01-6-94	Date Compl. Ready to Prod. 02-04-94		Total Depth 2750		P.B.T.D. 2713			
Elevations (DF, RKB, RT, GR, etc.) 3386 GR	Name of Producing Formation GB		Top Oil/Gas Pay 7-Rivers		Tubing Depth 2516			
Perforations 27 hols 2163-2558					Depth Casing Shoe 2746			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 388		SACKS CEMENT 350 sx Class C			
7 7/8	5 1/2		2746		300 sx 50/50 POZ			
					475 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.)

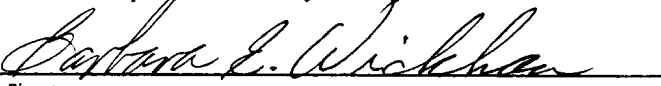
Date First New Oil Run To Tank 2-04-94	Date of Test 2-24-94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test 130 bbls	Oil - Bbls. 35	Water - Bbls. 95	Gas - MCF TSTM

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.



Signature **Barbara E. Wickham** Agent

Printed Name **02-24-94** Title **915-685-1761**

Date **02-24-94** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 29 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.