

Form C-116
Revised 1/1/89

GAS-OIL RATIO TEST

66-21-9



Operator		Pool		County											
SDX Resources, Inc.		Jalmat (TN-YT-7R) (33820)		Lea											
Address		TYPE OF TEST - (X)		Completion		Special									
PO Box 5061, Midland, TX 79704		SCHEDULED		COMPLETION		SPECIAL									
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU.FT/BBL.	
		U	S	T	R						WATER BBL.	GRAV. OIL	OIL BBL.		GAS M.C.F.
Meyers B Federal	1	I	22	24S	36E	05/12/99	F			24	0		0	5	2300
	6	G	22	24S	36E	04/29/99	P			24	674		10	23	6000
Closson B	7	G	22	24S	36E	04/30/99	P			24	64		2	12	11500
	8	B	22	24	36E	04/28/99	P			24	128		2	23	1000
	8	L	19	22	36E	04/19/99	P			24	1		1	17	17000
	9	J	19	22S	36E	04/21/99	P			24	1		1	10	10000
	10	L	30	22S	36E	04/20/99	P			24	4		2	5	2500
	12	M	30	22S	36E	04/29/99	P			24	12		2	5	5000
	13	E	30	22S	36E	05/03/99	P			24	8		1	1	1000
	14	D	19	22S	36E	04/30/99	P			24	1		1	1	1000
	15	E	19	22S	36E	04/26/99	P			24	1		1	3	3000
	17	L	18	22S	36E	04/27/99	P			24	20		2	7	3500
22	J	30	22S	36E	04/28/99	P			24	4		1	24	24000	
23	P	30	22S	36E	04/29/99	P			24	2		1	19	19000	
25	F	30	22S	36E	04/30/99	P			24	1		1	32	32000	
26	O	19	22S	36E	05/04/99	P			24	1		1	39	39000	
30	A	30	22S	36E	05/05/99	P			24	1		1			

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Bonnie Atwater, Regulatory Tech.

Printed name and title

06/04/99

Date _____

915/685-1761

Telephone No. _____

(See Rule 301, Rule 1116 & appropriate pool rules.)