

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-23165

5. Indicate Type of Lease STATE [X] FEE []

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE 'APPLICATION FOR PERMIT' (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

State Com. 30

1. Type of Well: OIL WELL [] GAS WELL [] OTHER []

8. Well No. 1

2. Name of Operator SDX Resources

9. Pool name or Wildcat Empire (Penn)

3. Address of Operator P.O. Box 5061 Midland, Tx 79702

4. Well Location Unit Letter A : 660 Feet From The N Line and 840 Feet From The E Line Section 30 Township 17 Range 28 NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] TEMPORARILY ABANDON [] CHANGE PLANS [] PULL OR ALTER CASING [] OTHER: [] SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [X] CASING TEST AND CEMENT JOB [] OTHER: []

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. 6-9-93 Set CIBP @ 9700' - 5 sxs - 9626' 6-10-93 Spot 25 sxs @ 8140' - 7772' 6-10-93 Spot 25 sxs @ 6575' - 6207' 6-14-93 Spot 35 sxs @ 5456' - 4939' 6-14-93 Spot 35 sxs @ 4575' - 4451' tagged 6-14-93 Spot 35 sxs @ 3240' - 3100' 6-15-93 Spot 35 sxs @ 2050' - 1942' - tagged Pulled 4523' of 4-1/2" Circulated with 9.5 mud

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE V.P. DATE 7/1/93 TYPE OR PRINT NAME JOHN POOL TELEPHONE NO. 915-6851761

(This space for State Use) APPROVED BY _____ TITLE _____ DATE _____ CONDITIONS OF APPROVAL, IF ANY: