

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

CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-31920

Indicate Type of Lease

STATE ☒

FEE ☐

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.)

Lease Name or Unit Agreement Name

Enron State

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator

SDX Resources, Inc.

Well No.

2

Address of Operator

PO Box 5061, Midland, TX 79704 432/685-1761

Pool name or Wildcat

Artesia, QN-GB-SA

Well Location

Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line

Section 32 Township 17S Range 28E NMPM Eddy County

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

3699

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 ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Correction of Pool ☒

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.

The completion on this well was filed with the incorrect pool. The correct pool is the Artesia, QN-GB-SA.

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

SIGNATURE

Bonnie Atwater

TITLE

Regulatory Tech

DATE 06-30-03

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 432/6851761

(This space for State Use)

APPROVED BY

[Signature]

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT H SUPERVISOR

TITLE

DATE

JUL 09 2003

CONDITIONS OF APPROVAL, IF ANY: