

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

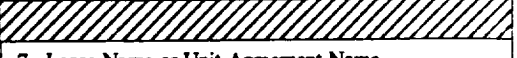
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-01941

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-11595

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
Artesia Metex

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. # 23

2. Name of Operator
SFX Resources Inc.

3. Address of Operator
Post office Box 5061 Midland Tex

9. Pool name or Wildcat
Hot. 4-6-510

4. Well Location
Unit Letter N : 2410 Feet From The W Line and 330 Feet From The S Line
Section 19 Township 18 Range 28 NMPM EDDY County

79704

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3562' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>test csg For T/A</u> <input checked="" type="checkbox"/>	

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.

see chart

This Approval of Temporary
Abandonment Expires 4-26-2001

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

SIGNATURE _____ TITLE _____ DATE _____

TYPE OR PRINT NAME Jerry Smith TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Kon Livingston TITLE FO 1 DATE 5-2-96

CONDITIONS OF APPROVAL, IF ANY: