Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVATION	ON DIVISION			
P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.		WELL API NO. 30-015-00789		
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 8	7505	sIndicate Type of Le		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			₀State Oil & Gas Le	STATE	FEE
					frestlike stande for those best
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.)			7Lease Name or Unit Agreement Name Chalk Bluff Draw Federal		
1Type of Well:		RECEIVED	1		
OIL GAS WELL WELL	OTHER TA	e 2003			
»Name of Operator SDX Resources, Inc.		₅Weil No. 1			
sAddress of Operator	•	Pool name or Wildcat			
PO Box 5061, Midland, TX 79704	1		Red Lake, QN	-GB-SA	
Unit Letter K : 2055	Feet From The South	Line and1980	Feet From The	West	Line
Section 5	Township 18S	Range 27E	NMPM	Eddy	County
and the second second	10Elevation (Show whether DF,	RKB, RT, GR, etc.)			
11 Check A	ppropriate Box to Indicate Na	ature of Notice, Re	port, or Other	Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
	PLUG AND ABANDON				_
PERFORM REMEDIAL WORK		REMEDIAL WORK		ALTERING CAS	
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND CEME		PLUG AND ANB	ANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	L_ <b>-</b>		
OTHER:		OTHER: Temporarily	Abandon		X
12Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, and give	pertinent dates, including es	timated date of starting	any proposed	
For Your Files:					
11/20/03					
	Test 500# for 30 min w/NMOCD re bg head. Pack off tbg head & SI. R		v/200 bbls 2% KC	L & TOH. LD 2	55 jts 2-7/8"
Copy of chart attached.			LINGERT	ion aut 5 7-25- ctive -	Of is
		<b>a</b>	ر المراجع	. J	' 0
	Temporery Abendoned Str	DIE SOULOGO	Not al	7106 -	
	J-25-1	U <del>Q</del>			
I hereby certify that the information above is	tpue and complete to the best of my knowled	lge and belief.			
SIGNATURE Bonnie	/ <del> </del>	Regulatory Tech		DATE 12-04	4-03
TYPE OR PRINT NAME Bonnie Atwater			_a. A	TELEPHONE NO. 4	32/685-1761
(This space for State Use)	<u> </u>	A -//	1200	D C	
APPROVED BY		Jul 0	1 sept 6	-	

