

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-015-20042

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	Lease Name or Unit Agreement Name Northwest Artesia Unit
Name of Operator SDX Resources, Inc.	Well No. 11
Address of Operator PO Box 5061, Midland, TX 79704	Pool name or Wildcat Artesia, QN-GB-SA
Well Location Unit Letter P 990 Feet From The South Line and 660 Feet From The East Line Section 31 Township 17S Range 28E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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: ☐

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.

5/16/02 - MIRU. Tag PBTD @ 2004'. Bottom perf @ 1967'. Test tbg to 1500#.

5/17/02 - TIH w/pump & rods. Space out rods. Pressure up good. RD & clean location.

Well back on production.

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 05-20-02

TYPE OR PRINT NAME Bonnie Atwater TELEPHONE NO. 915-685-1761

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY