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

RECEIVED
OCD - ARTESIA

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

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

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

WELL API NO.
30-015-20043

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.)

7 Lease Name or Unit Agreement Name
Northwest Artesia Unit

1 Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2 Name of Operator
SDX Resources, Inc.

6 Well No.
12

3 Address of Operator
PO Box 5061, Midland, TX 79704

9 Pool name or Wildcat
Artesia, QN-GB-SA

4 Well Location

Unit Letter **M**   990   Feet From The   **South**   Line and   760   Feet From The   **West**   Line

Section   32   Township   17S   Range   28E   NMPM   Eddy   County

10 Elevation (Show whether DF, RKB, RT, GR, etc.
3682' GR

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: Pressure Test ☒

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.

Perfs: 1922' - 49'
Packer set @ 1870'

Pressure test to 500# for 30 min. (1-24-02)

Chart attached.

Propose to TA.

Temporary Abandoned Status approved
until   1-24-03

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 03-04-02

TYPE OR PRINT NAME   TELEPHONE NO.

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE MAR 2 0 2002

CONDITIONS OF APPROVAL, IF ANY