Submit 3 Copies		State of New Me		Form	C-103
to Appropriate District Office	Energy, Mi	nerals and Natural Re	sources Department	Revis	ed 1-1-89 C
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		CONSERVATION DIVISION P.O. Box 2088		WELI34PI NO 15-27619	
DISTRICT II P.O. Drawer DD, Artesia,	NM 88210 Sant	a Fe, New Mexice		5. Indicate Type of Lease STATE	
DISTRICT III 1000 Rio Brazos Rd., Azto	c, NM 87410	001	- 4 1993	6. State Oil & Gas Lease No.	FEE L
	NORVANOTIOEO AND I	DEBORTO ON ME	L K D.		
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 N Arco State 26	lame
1. Type of Well: OIL X	GAS WELL	отнея			
2. Name of Operator SDX RESOUR	CES, INC.			8. Well No.	
3. Address of Operator P. O. BOX	5061, MIDLAND,	TX 79704		9. Pool name or Wildcat Artesia-Q-G-SA	
4. Well Location Unit Letter	K : 1650 Feet From	The South	Line and1650	Feet From The West	Line
	26	17-S	28-E	FULA	
Section	lownship	Ra Elevation (Show whether 3655 GR	nge	NMPM IIII	County
11.	Check Appropriat	e Box to Indicate 1	Nature of Notice, R	eport, or Other Data	
•	CE OF INTENTION			SEQUENT REPORT OF	= :
PERFORM REMEDIAL V		AND ABANDON	REMEDIAL WORK	ALTERING CAS	sing
TEMPORARILY ABANDO	ON CHANG	E PLANS	COMMENCE DRILLING	GIOPNS. 🔯 PLUGIAND ABA	ANDONMENT 🗌
PULL OR ALTER CASIN	G 🗌		CASING TEST AND C	EMENT JOB	
OTHER:			OTHER:		
12. Describe Proposed or work) SEE RULE 11		tate all pertinent details, a	nd give pertinent dates, inclu	iding estimated date of starting any prop	posed
09-19-93	Spudded and dr 24#, J-55 csg Flocel and 175 at 67' and rea	set at 530'. sx Class "C dy mix with	Cemented w " with 2% CAG 3 1/2 yds to	le. Ran 13 jts of ith 200 sx Lite with 200 sx Lite with CL, Tag cement with surface. Pressure kay. WOC for 18 he	th 1/4#/sx h wireline e tested
	mustion aboye's true and complete to	/	belief. Prod. Ana		09-29-93

(This space for State Use)

TYPE OR PRINT NAME

APPROVED BY-

ORIGINAL SIGNED BY

MIKE WILLIAMS

Barbara E. Wickham

SUPERVISOR, DISTRICT 19

CONDITIONS OF AFFROVAL, IF ANY:

OCT 1 9 1993

DATE -

TELEPHONE NO. 685-1761