

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

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

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

OIL CONSERVATION DIVISION

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

RECEIVED
OCT - 4 1993

C. L. D.

WELL API NO.
30-015-27619

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
647

7. Lease Name or Unit Agreement Name
Arco/State 26

8. Well No.
1

9. Pool name or Wildcat
Artesia-Q-G-SA

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.)

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

2. Name of Operator
SDX RESOURCES, INC.

3. Address of Operator
P. O. BOX 5061, MIDLAND, TX 79704

4. Well Location
Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West Line
Section 26 Township 17-S Range 28-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3655 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 ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

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.

03-26-93 TD well at 3110' and run open hole logs. Ran 86 jts of 5 1/2", 15.5#, J-55 csg set at 3103'. Cemented with 375 sx Class "C" with 2% CACL, 1/4#/sx Flocel, 5#/sx salt and 425 sx Lite with 3#/sx salt and .5% Halad 322. Circulated 70 sx. Plug down at 7:45 p.m., MDT, 9-27-93. Pressure tested casing at 1000 PSI for 30 min. Held okay.

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

SIGNATURE Barbara E. Wickham TITLE Prod. Analyst

DATE 9-29-93

TYPE OR PRINT NAME Barbara E. Wickham

TELEPHONE NO. 685-1761

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

OCT 19 1993

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: