

CHP  
OP

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

## 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. 30-015-29854
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Arco 26A State
Well No. 10
Pool name or Wildcat Red Lake, QN-GR-SA

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/>	
Name of Operator SDX Resources, Inc.	
Address of Operator P. O. Box 5061, Midland, TX 79704	
Well Location Unit Letter <u>C</u> : <u>346</u> Feet From The <u>North</u> Line and <u>2164</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3678'	

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

### NOTICE OF INTENTION TO:

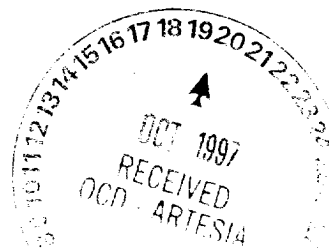
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: SPUD ☐

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.

10/13/97 MI & RU United Drilling Co's rig #4. Spudded 12-1/4" hole. Drilled to 592'. RU casing crew and ran 14 jts 8-5/8" 24# casing, set @ 538'. RU Dowell and cemented w/400 sxs Class C w/2% CaCl. P.D. @ 11:30 p.m. Tagged TOC @ 70' with wireline. Ready mix to surface. WOC 18 hrs. Prep to drill ahead w/7-7/8" to T.D.



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

SIGNATURE Janice Courtney TITLE Regulatory Tech DATE 10-17-97

TYPE OR PRINT NAME Janice Courtney

TELEPHONE NO. 915/685-1761

(This space for State Use)

**SUPERVISOR, DISTRICT II**

**OCT 20 1997**

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

CONDITIONS OF APPROVAL, IF ANY: