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

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION _

WELL API NO.	·· · · · · · · · · · · · · · · · · · ·	
30-015-29966		
Indicate Type of Lease		
	CT. T.	

P.O. Box 1980, Hobbs, NM 8824	2040 Pacheco St.				WELL API NO. 30-015-29966			
DISTRICT II P.O. Drawer DD, Artesia, NM 882	210	Juli	tare, itivi	07000		sindicate Type of Lea		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410					eState Oil & Gas Lea	STATE Se No.	FEE
SUND	RY NOT	ICES AND REPO	RTS ON W	ELLS				
(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 Marathon A 25 State			
	AS VELL	от	HER					
2Name of Operator V SDX Resources, Inc.						⊮Well No. 11		
sAddress of Operator PO Box 5061, Midland, 1	ΓΧ 7 9704					∘Pool name or Wildo Red Lake, QN-))
√Well Location Unit LetterD	740	Feet From The	North	Line and	330	Feet From The	West	Line
Section	25	Township	17S	Range	28E	NMPM	Eddy	County
		₁₀Elevation (3685' GR		F, RKB, RT, GR, et	c.		field.	
11 C	heck Ap	opropriate Box to	Indicate I	Nature of No	tice, Rep	ort, or Other [Data	
NOTICE OF INTENTION TO: SUBS					SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND ABAI	NDON	REMEDIAL W	ORK		ALTERING CAS	SING
TEMPORARILY ABANDON		CHANGE PLANS	s	COMMENCE	ORILLING OF	PNS.	PLUG AND ANB	ANDONMENT
PULL OR ALTER CASING				CASING TEST	AND CEME	NT JOB		
OTHER:				OTHER:				
12Describe Proposed or Complete work) SEE RULE 1103. Spudded 12-1/4" hole on					-			× MOC total
of 18 hrs.	G/25/55 (g 1.00 pm. Dilleg to	3410. Naii 1	o jia o-s/o cag	10 409 . 0	int w/300 sx Class	S C. CRC 100 S	t. VVOC total
Drill 7-7/8" hole to TD of 3	8490'. Rar	n 99 jts 5-1/2", J-55,	15.5# LT&C	csg to 3484'. C	mt w/458	\$4,35/65 POZ + 3	50 sx Class C	omt.
Release rig 4:30 pm 8/29/	/99.				A DÖT RECEN DOD - AR	VED TESIA TO		
I hereby certify that the informati	on above is	true and complete to the	best of my know	ledge and belief.			·	
SIGNATURE DOWN	m (theater	<u></u>	TITLE Regulato	ry Tech.		DATE 10-00	3-99
TYPE OR PRINT NAME Bonnie	Atwater						TELEPHONE NO. 9	15/685-1761
(This space for State Use)	ا هر	1.1 6	رممه	0	· + :-	Supervis		***************************************
APPROVED BY	De	m W. Gu	BO	TITLE	mu	segerors	DATE /O	-15-49