

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. 30-015-29997
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Artesia Unit
Well No. 73
Pool name or Wildcat Artesia, QN-GB-SA (03230)

<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 PO Box 5061, Midland, TX 79704	
Well Location Unit Letter <u>M</u> <u>600</u> Feet From The <u>South</u> Line and <u>990</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.) 3687' 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: Reach TD, Run Prod Csg & Cmt, Run Logs ☒

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.

2-2-98 Reached TD of 3000'.

2-3-98 Ran 60 jts 4-1/2" 11.6#, K-55 csg & 31 jts 4-1/2", 10.5#, K-55 csg to 3000'. Cmt w/350 sx Class C + 350 sx Class C Lite.  
PD 1:50 pm. Circ 45 sx to pit. Released rig @ 2:30 pm 2-3-98. WO Completion.

2-4-98 RU Computalog & run GR, CNL & CCL from 2964 - 700'.

Presently WO Completion Unit.

4  
RECEIVED  
OCD ARTESIA

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 02-13-98

TYPE OR PRINT NAME Bonnie Atwater TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY DAVID M. CUM TITLE DISTRICT II SUPERVISOR DATE JAN 20 1998  
CONDITIONS OF APPROVAL, IF ANY: