Submit 3 Copies to Appropriate District Office

Energy

15 P	Form C-103 Revised 1-1-8
VI)	

State of New Mexico r, Minerals and Natural Resources Department	C12'	
CONSERVATION DIVISION 2040 Pacheco St	WELL API NO.	

<u>DISTRICT </u>		OIL CO	NSERV	ATIC	N DIVIS	ION			
P.O. Box 1980, Hobbs, NM 8824	10		2040 Pacheco St.				WELL API NO. 30-015-30609		
DISTRICT II	240		Santa Fe,	NM 87	7505		sIndicate Type of Lea	se.	
P.O. Drawer DD, Artesia, NM 88	210					in a	Sindicate Type of Zon	STATE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410					∄	eState Oil & Gas Leas		
(DO NOT USE THIS FORM	I FOR PR	TICES AND RE COPOSALS TO DRI RVOIR. USE "APP C-101) FOR SUCH	ILL OR TO D PLICATION F	EEPEN OR PER	OR FOLLO BAS	C.	Lease Name or Unit	Agreement Name	
	SAS VELL		OTHER)/ ₄			
2Name of Operator V SDX Resources, Inc.			· · · · · · · · · · · · · · · · · · ·	·- · · · · · · · · · · · · · · · · · ·			⊮Well No. 1		
Address of Operator PO Box 5061, Midland,	TX 7970	4					∘Pool name or Wildca Artesia (QN-GB		
√Well Location Unit Letter A	990	Feet From The	Nort	h	Line and	990	Feet From The	East	Line
Section	32	Township	173	S F	Range	28E	NMPM	Eddy	County
		T	•		RKB, RT, GR, etc	>.			
11 (heck A	ppropriate Bo	x to Indic	ate Na	ture of Not	ice, Re	port, or Other D)ata	
		TENTION T					SEQUENT RE		
PERFORM REMEDIAL WORK		PLUG AND	ABANDON		REMEDIAL WO	ORK		ALTERING CAS	ING
TEMPORARILY ABANDON		CHANGE P	LANS		COMMENCE	RILLING O	PNS.	PLUG AND ANB	ANDONMENT
PULL OR ALTER CASING					CASING TEST	AND CEME	ENT JOB		
OTHER:					OTHER: Rea	ach TD &	set prod csg.		X
12Describe Proposed or Complet work) SEE RULE 1103.	ed Operatio	ons (Clearly state all p	ertinent details	, and give	I pertinent dates,	including es	timated date of starting	any proposed	
Drill 7-7/8" hole to 2305' 3197'. Ran 25' shoe jt &	TD. Rea 5 centrali	ched TD 5/26/99. zers. Cmt w/425	Run LDT- sx Lite & 37	CNL-GF 75 sx Cla	R & DLL logs. ass C. PD 8:0	Run 96 j 10 pm. Cir	ts 5-1/2" J55 14#-1 c 68 sx to pit.	15.5# csg. Land	d off @
Release Rig: 10:00 pm 5	<i>1</i> 27/99.								
Presently WO completion	١.								
							·		
I hereby certify that the information signature	tion above	is true and complete to	the best of m	-	ige and belief. Regulato	ry Tech.		DATE 06-0	4-99
TYPE OR PRINT NAME Bonnie	Atwter							TELEPHONE NO. 9	15/685-1761
(This space for State Use)			Ri	/N		0.4	• • •		
ADDROVED BY	1	in W. L	rem	רוידי	115	ruh	ict Superv	SOU 6	.9-99

CONDITIONS OF APPROVAL, IF ANY: