

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-015-30892
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name NW State
Well No. 20
Pool name or Wildcat Artesia (QN-GB-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 PO Box 5061, Midland, TX 79704	
Well Location Unit Letter <u>A</u> <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3689' GR	

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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: ☐

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.

Spud 12-1/4" hole 12:15 pm 4/14/00. Drill to 515'. Run 12 jts 8-5/8" J-55, 24# csg. Set @ 505' KB. Cmt w/350 sx Class C. Circ 21 sx. WOC total of 18-1/4 hrs.

Drill 7-7/8" hole to TD 3210'. Reached TD 5:00 am 4/20/00.

Run DLL, LDT, CNL, GR logs. Run 83 jts 5-1/2" J-55 15.5# csg. Set @ 3205'. Cmt w/300 sx CI C + 350 sx Lite. Circ 92 sx.

Release Rig: 8:00 pm 4/20/00.

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 06-29-00

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY

*Jim W. Green* B60

TITLE

*District Supervisor*

DATE

*JUL 07 2000*

CONDITIONS OF APPROVAL, IF ANY: