Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

## OIL CONSERVATION DIVISION

o op	Revised 1-1
LL API NO.	
30-015-31284	

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL (	2040 Pacheco St.			WELL API NO. 30-015-31284		
DISTRICT II		Santa Fe, N	M 875	505	sIndicate Type of Leas		
P.O. Drawer DD, Artesia, NM 88210					,	STATE	FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 874	10				sState Oil & Gas Leas	se No.	
(DO NOT USE THIS FORM F	NOTICES AND OR PROPOSALS TO RESERVOIR. USE ORM C-101) FOR S	) DRILL OR TO DE "APPLICATION FO	EPEN C R PERI	OR PLUG BACK TO A	rLease Name or Unit Staley State	Agreement Name	
Type of Well: OIL GAS				-			
MET MET		OTHER			sWell No.		
sName of Operator SDX Resources, Inc.					1 •Pool name or Wildox		
sAddress of Operator PO Box 5061, Midland, TX	79704	_			Red Lake QN-0		
4Well Location		0		1650		East	1:
Unit Letter	2310 Feet From T	heSouth		Line and1650_	Feet From The	Last	_ Line
Section	30 Townsh			ange 28E	NMPM		ounty
many extremely and a second	1	Elevation (Show whet	her DF, I	RKB, RT, GR, etc.		All the same	energy.
11 Ch	eck Appropriate	Box to Indica	ite Na	ture of Notice, Re	port, or Other [	Data Data	
	OF INTENTIO				SEQUENT RE		
PERFORM REMEDIAL WORK	PLU	AND ABANDON		REMEDIAL WORK	$\boxtimes$	ALTERING CASING	3 <u> </u>
TEMPORARILY ABANDON	СНА	NGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ANBANI	DONIMENT
PULL OR ALTER CASING				CASING TEST AND CEN	IENT JOB		
OTHER:				OTHER:			
12Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly sta	te all pertinent details,	and give	pertinent dates, including e	stimated date of starting	g any proposed	
Original Perfs: 3645 - 3880							
12/6/00 - Added additional 3287 - 3508'.	perfs 3287 - 3508	(23 holes). Acidiz	ed w/3	2,000 gal acid & 54,00	00 gal 40# gell. Pur	mp test perfs 3645	- 3880 &
9/27/01 - Set CIBP @ 360	0'					000	
Pump testing perfs 3287 -					(2627282°	\$ 30.21 - N	\
					23242557779	SECENED OF	
					62 00	O ARISSI	: <u> </u>
I hereby certify that the information	on above is true and con	nplete to the best of m	y knowle	dge and belief.			
SIGNATURE _ Chine	I mo	n		ITLE Engineer		DATE 10-25-	01
TYPE OR PRINT NAME Chuck N	norgan					тецерноме мо. 91	5/685-1761
(This space for State Us="	<del></del>					ne1	3 0 2001
				3TI E		DATE	a a sm.
APPROVED BY			1	TITLE		DATE .	

CONDITIONS OF APPF

FOR RECORD ONLY