

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CLSF
op

Form C-103
Revised 1-1-89

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., Artec, NM 87410

WELL API NO.

30-015-31552

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☒

GAS
WELL ☐

OTHER

Name of Operator

SDX Resources, Inc.

Lease Name or Unit Agreement Name

AID 24P State

Address of Operator

PO Box 5061, Midland, TX 79704

Well No.

23

Pool name or Wildcat

Empire, Yeso

Well Location

Unit Letter K 1860 Feet From The South Line and 1650 Feet From The West Line

Section 24 Township 17S Range 28E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

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: Re-complete ☒

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.

10/12/02 -

MIRU. TIH w/4-3/4" bit. Hydrotesting tbq 5000# - good. Set CIBP @ 3730'. Run GR & CCL. Perf: 2596', 2606, 25, 36, 51, 69, 87, 2708, 10, 28, 30, 32, 60, 71, 86, 2810, 40, 53, 58, 76, 2904, 06, 30, 35, 78, 93, 3025, 61, 63, 3117, 34, 42, 63, 86, 97 (35 holes).

Acidize w/4500 gal 15% NEFE HCL acid.

Frac w/60,000 gal Viking 25 & 130,000# 16/30 Brady sd.

Ran 2-7/8" tbq to 3249'.

Started pumping back load 10/20/02.

Back on production 10/22/02.

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 11-21-02

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY

For record only BK

TITLE

DATE

JAN 06 2003

CONDITIONS OF APPROVAL, IF ANY: