

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-015-01759

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
647

7. Lease Name or Unit Agreement Name

Artesia Unit

8. Well No.  
16

9. Pool name or Wildcat  
Artesia-QN-GR-SA

**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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ Water Injection Well  
OTHER ☐

2. Name of Operator  
SDX RESOURCES, INC.

3. Address of Operator  
P. O. BOX 5061 MIDLAND, TX 79704

4. Well Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line  
Section 36 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GR 3674'

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: ☐

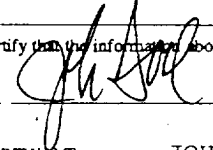
**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

Plan to pull tubing and packer. Packer will be repaired and any joints of bad tubing will be replaced. TIH and re-set packer at 2136' and test casing. Return well to injection status.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE VICE PRESIDENT DATE 3/03/95  
TYPE OR PRINT NAME JOHN POOL TELEPHONE NO. (915) 685-176

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR** TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 9 1995