

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

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-00944
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B 8156
7. Lease Name or Unit Agreement Name Artesia Metex Unit
8. Well No. 8
9. Pool name or Wildcat Artesia-Qn-GR-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3576'

**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  OTHER  Water Injection Well

2. Name of Operator  
SDX Resources, Inc.

3. Address of Operator  
P. O. Box 5061, Midland, TX. 79704

4. Well Location  
Unit Letter I : 2310 Feet From The South Line and 990 Feet From The East Line  
Section 24 Township 18S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GR 3576'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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. Repair packer and replace any bad joints of tubing. Plan to run plug and packer and test casing. Will also repair any bad joints of casing.

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

SIGNATURE [Signature] TITLE Vice President DATE 3/01/95  
TYPE OR PRINT NAME John Pool TELEPHONE NO. 915/685-1761

(This space for State Use) ORIGINAL FILED BY TIA W. RUSE

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 7 1995

CONDITIONS OF APPROVAL, IF ANY