

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. 30-015-00944 |
| 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 ☐ Water
OTHER 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:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

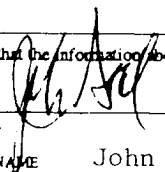
SUBSEQUENT REPORT OF:

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. 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  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. RUS

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY

MAR 7 1995