

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. 30-015-01196
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-10453
7. Lease Name or Unit Agreement Name Artesia Metex Unit
8. Well No. 20
9. Pool name or Wildcat Artesia-Qn-GR-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3566'

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> WATER <input checked="" type="checkbox"/> 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 P : 330 Feet From The South Line and 330 Feet From The East Line Section 24 Township 18S Range 27E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3566'	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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. Will repair packer and replace any joints of bad tubing. Will run plug, packer, and test casing. Bad joints of casing will be replaced.

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 SIGNED BY TIM W. CUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____

DATE MAR 7 1995

CONDITIONS OF APPROVAL, IF ANY