C15F
DA

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

RECEIVED
AUG 05 1991
O. C. D.
ARTESIA, OFFICE

WELL API NO.

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. B-64749

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.)

7. Lease Name or Unit Agreement Name: State A

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator: SDX Resources, Inc.

8. Well No. 3

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

9. Pool name or Wildcat: Artesia - Q - Grbg - SA

4. Well Location
Unit Letter D : 990 Feet From The N Line and 990 Feet From The W Line
Section 14 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3592' Grd.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Return to active status	☑		

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.

7-31-91 1200# psi on tubing. Test annulus between tubing and casing with inert packer fluid to 300# psi for 30 minutes. Held psi. Return well to active status.

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

SIGNATURE Rebecca Olson TITLE Agent DATE 8-1-91

TYPE OR PRINT NAME Rebecca Olson TELEPHONE NO. (505) 746-6520

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep DATE 8/14/91

CONDITIONS OF APPROVAL, IF ANY: