

PLACE COMPUTER NAME LABEL INSIDE DASHED LINE BLOCK CONTROL HOURS AVERAGE . RESSURE

 -				
Submit 3 Copies to Appropriate District Office		New Mexico atural Resources Departmen	Form (Revise	C-103 C
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERV	ATION DIVISION		<i>U</i>
DISTRICT II	PO F	30x 2088	WELL API NO.	1
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New M	1exico 87504-2088	30-015-01888	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	à	hond	5. Indicate Type of Lease STATE XX	FEE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	JUN 2 8 1996	6. State Oil & Gas Lease No. B-11540	
SUNDRY NOTICES AND REPORTS ON WELLS				תוווווו
DIFFERENT RESERV (FORM C-1	POSALS TO DRILL OR TO T VOIR. USE "APPLICATION F 01) FOR SUCH PROPOSAL	PEEPEN OF PLUG BACK TO A	7. Lease Name or Unit Agreement Nam	<i>[</i>
1. Type of Well: OIL GAS WELL XX WELL			Humble State	
2. Name of Operator	OTHER			
SDX Resources, Inc. 3. Address of Operator	/		8. Well No.	
PO Box 5061, Midland 4. Well Location	TX 79704		9. Pool name or Wildcat Artesia; QN-GB-SA	
Unit Letter H : 1980	_ Feet From The North	Line and660		
	_	Line and	Feet From TheEast_	Line
Section 16	Township 18S	Range 28E Note that the Note of the Note o	MPM Eddy	County
	NA NA	viciner Dr., KKB, KI, GK, EIC.)		
11. Check Ap		cate Nature of Notice, Re	port or Other Date	<i>[[[]]</i>
NOTICE OF INTE	NTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK			DEQUENT REPORT OF:	
TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDO	ONMENT
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB	
OTHER:		OTHER: Temporar:	ily Abandon	X
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	s (Clearly state all pertinent det	ails, and give pertinent dates, includi	ng estimated date of starting any proposed	
corrosion innibi	tor. Unable to t	et CIBP @ 2205'. Cincest csg due to wellh time to witness csg	anad complete	
This Approval a Abandonment Exp	of Temporary 10 p	/3/20 01		
I hereby certify that the information above is true and	complete to the best of my knowledg	ge and belief.		
SKINATURE Janice (U	oustney	- mue <u>Regulatory Te</u>	ch. DATE 6-27-9	6
TYPE OR PRINT NAME Janice Cour	tney		TELEPHONE NO. 915	
(This space for State Use) ORIGINAL SIGNI DISTRICT II SUP	ED BY TIM W. GUM ERVISOR		•	
APPROVED BY CONDITIONS OF APPROVAL BE ANY.		TILE	DATE JUL 1	1996
SOURCE AND ALTON APPENDING AND AND.				

CONDITIONS OF APPROVAL, IF ANY: