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

OIL CONSERVATION DIVISION

P.O.	Box	1980,	Hobbs,	NM	88240

P.O. Box 2088

30-015-10891	

MAR 1 3 1995

WELL API NO.

DISTRICT II	Santa Fe, New Mexico 87504-2088								
P.O. Drawer DD, Artesia, NI	Salita I C, IN	Salita 1 c, New Mexico 67304-2088			5. Indicate Type of I	_ease			
DISTRICT III 1000 Rio Brazos Rd., Aziec,					6. State Oil & Gas L		FEE		
							647	mm	
SUN	DRY NOTICE	ES AND REPOR	TS ON WE	LLS	/ TO A				
DIFFER	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.)					State 647 AC 721				
1. Type of Well:	CAS		Water						
METT									
2. Name of Operator						8. Well No.			
SDX RESOURCE	S, INC.					9. Pool name or Wild			
3. Address of Operator						Artesia-C			
P. O. BOX 50 4. Well Location	61	MIDLAND, TX	79704_			Altesia-C	ĮN−GK−3A		
1	:1650	Feet From The N	orth	Line and	330	Feet From Tr	west	Line	
Section 34	******	Township 18S		nge 28E		NMPM Eddy		County	
		DF 354		DF, RKB, RT, GR,	esc.)				
11.	Check Ap	propriate Box to	Indicate l	Nature of No	tice, Re	eport, or Other D)ata		
	•	NTION TO:				SEQUENT REI			
110110.	בסו ועו							_	
PERFORM REMEDIAL WO	RK □	PLUG AND ABAN	DON	REMEDIAL WO	DRK	AL	TERING CASING	3 <u> </u>	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE	RILLING	OPNS. PL	UG AND ABAND	ЮИМЕНТ 🗌	
PULL OR ALTER CASING				CASING TEST	AND CE	MENT JOB			
OTHER:				OTHER:					
12. Describe Proposed or Comwork) SEE RULE 1103.	ipleted Operation	s (Clearly state all perti	nent details, an	d give pertinent da	tes, includ	ing estimated date of sta	irling any proposed	i	
Plan to pull t	ne tuhing	and nacker.	Run RBF	and nacke	er and	test casing.	. Dependin	1g	
upon results,	will repai	ir casing or	plug and	abandon t	he we	11 as follows	3:	-0	
a . ainn	. 10771	1	- 25	-1 Too	d ha1	a rrith mud la	adon fluid		
Set CIBP a	10 19// a 11 /_1/2!	nd cap with 'casing from	a 33 SX	Set 100'	n11101	e with mud la	f casing st	ub. CTAG	
Snot 100'	nlug 1 0 00	0-1400'. Spo	t 100' t	lug 50' ir	1/out	of 8-5/8" stu	ab 554-454'	(TAG)	
		plug and in					* 4	(******	
		1 0		•	:				
Well history:	Coo otto	shed disaram	for assi	na dotaile		- 4	<u></u>		
well history:	see attac	med diagram	TOT Casi	ing decairs	•	4 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3			
						· 情以			
. 1						Section 1			
I hereby certify that the informati	above is true and	complete to the best of my	knowledge and	belief.					
(Ma La	<i>y</i>	(John Poo		VICE I	יחד כ דה	EME	3/03/	/95	

TELEPHONE NO. (915) 685-1761 JOHN POOL TYPE OR PRINT NAME (This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM distinct if supervisor