Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFPROVAL, IF ANY:

## State of New Mexico Energy, N rais and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	r aus mo rama resources Department	Revised 1-1-89
OIL ( O. Box 1980, Hobbs, NM 88240	CONSERVATION DIVISION P.O. Box 2088	<b>WELL API NO.</b> 30-015-23165
ISTRICT II O. Drawer DD, Artesia, NM 88210	anta Fe, New Mexico 87504-2088	5 Indicate Type of Lease
ISTRICT III	KECEIVED	STATE X FEE
000 Rio Brazos Rd., Aztec, NM 87410	SET 1 1993	6. State Oil & Gas Lease No. B-5084-142
DO NOT USE THIS FORM FOR PROPOSALS T DIFFERENT RESERVOIR. US	D REPORTS ON WELLS (, ) TO DRILL OR TO DEEPEN GRPLUS BACK TO A SE "APPLICATION FOR PERMIT" SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
Type of Well: Oil GAS WELL WELL X	OTHER	State Com. 30
Name of Operator SDX Resources 12.464	7	8. Well No.
Address of Operator P.O. Box 5061 Midland, Tx	<del>79</del> 702	9. Pool name or Wildcat Empire (Penn)
Well Location	2.10	)
Unit Letter $A$ : $660$ Feet F	From The Line and	Feet From TheE Line
Section 30 Town	ship 17 Range 28	NMPM Eddy County
	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
Charle A	3565' GL	Panort or Other Data
NOTICE OF INTENTIO	iate Box to Indicate Nature of Notice, I	BSEQUENT REPORT OF:
	G AND ABANDON  REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHA	INGE PLANS COMMENCE DRILLIF	
JLL OR ALTER CASING	CASING TEST AND	CEMENT JOB Temps
THER:	OTHER:	
work) SEE RULE 1103.	rly state all pertinent details, and give pertinent dates, inc	cluding estimated date of starting any proposed
6-9-93 Set CIBP @ 9700' - 6-10-93 Spot 25 sxs @ 8140'		
6-10-93 Spot 25 SXS @ 6140 6-10-93 Spot 25 SXS @ 6575'		
6-14-93 Spot 35 sxs @ 5456'	<b>–</b> 4939'	
6-14-93 Spot 35 sxs @ 4575'		
6-14-93 Spot 35 sxs @ 3240' 6-15-93 Spot 35 sxs @ 2050'		X X . X A
<u>-</u>	2 3	PXXIDA
	Pulled 4523' of $4-\frac{1}{2}$ " Circulated with 9.5 mud	# X4-8\$
	CITCUIUCU WICH J.J HUU	( Wash
		/ F!/%
I hereby certify that the information above is true and comple	ste to the best of my knowledge and belief.	
SIGNATURE BAILARA S. C	Wickhamme Agent	DATE 9-8-93
Barbara E. Wic	ckham	те <b>лерно</b> не NO. 915-685-1
TYPE OR PRINT NAME		IELEPTRONE NO.
(This space for State Use)		
APPROVED BY	TITLE	DATE —