

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

OCT 23 1992

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.)		WELL API NO.
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator SDX Resources, Inc.		6. State Oil & Gas Lease No. E-648-131
3. Address of Operator P. O. Box 5061 Midland, TX 79704-5061		7. Lease Name or Unit Agreement Name Artesia Metex
4. Well Location Unit Letter <u>1E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well No. <u>62</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3562 GL		9. Pool name or Wildcat Artesia

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

10-19-92 Spudded at 11:30 p.m. Drilled 370' of 12-1/4" hole.

10-20-92 Ran 361' of 24#, 8-5/8" casing. Pumped 300 sxs 2% CACL Class C cement. Circulated 75 sxs to pits. Bumped plug at 8:30 a.m. and pressure test casing at 1000 PSI for 30 minutes. Held okay. WOC for 18 hours. Witnessed by Mike Stubblefield with the OCD.

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

SIGNATURE Barbara E. Wickham TITLE Production Analyst DATE 10/21/92
TYPE OR PRINT NAME Barbara E. Wickham TELEPHONE NO. 915-685-1761

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE OCT 27 1992

CONDITIONS OF APPROVAL, IF ANY: