

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

WELL API NO.
30-015-27158

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-648-131

7. Lease Name or Unit Agreement Name
Artesia Metex Unit

8. Well No.
63

9. Pool name or Wildcat
Artesia, Q-G-SA

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.)

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

2. Name of Operator
SDX RESOURCES, INC.

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

4. Well Location
Unit Letter G : 1620 Feet From The North Line and 2500 Feet From The East Line

Section 25 Township 18-S Range 27-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3561 G.L.

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.

11/3/92 TD well @ 2320' and Log.

11/4/92 Ran 2162' of 5-1/2", 15.5#, J-55 csg. Cemented with 380 sxs Halliburton Lite and 200 sxs 50/50 POZ "C". Circulated 85 sxs. Pressure tested to 1000 psi for 30 minutes. Held fine.

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

SIGNATURE Barbara Wickham TITLE Production Analyst DATE 11/11/92

TYPE OR PRINT NAME Barbara Wickham

TELEPHONE NO. 915-685-1761

(This space for State Use)

ORIGINAL SIGNED BY Barbara Wickham
DATE 11/11/92

APPROVED BY Barbara Wickham TITLE Production Analyst DATE 11/11/92

CONDITIONS OF APPROVAL, IF ANY: