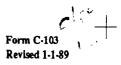
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



5. Indicate Type of Lease	
30-015-27158	
WELL API NO.	

P.O. Box 1980, Hobbs, N	IM 88240	JIL CONSERV			WELL API NO.	
DISTRICT II		P.O. E	30x 208	8	30-015-27158	
P.O. Drawer DD, Artesia	, NM 88210	Santa re, New N	1exico 8	87504-2088 VED	5. Indicate Type of Lease	EE [
DISTRICT III 1000 Rio Brazos Rd., Azi	tec, NM 87410			MOV 13 1392		<u> </u>
SI	JNDRY NOTICE	S AND REPORTS O	N WELI	S Q. C. D.		7////
(DO NOT USE THIS I	FORM FOR PROPO FERENT RESERVO	OSALS TO DRILL OR TO D NR. USE "APPLICATION I	DEEPEN (FOR PER	OR PINGEACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well:	(FOAM C-10	1) FOR SUCH PROPOSAL	_S.) 		Artesia Metex Unit	
METT X	WEIT [OTHER				
2. Name of Operator	/	/	-		8. Well No.	
SDX RESOUR 3. Address of Operator	CES, INC.				63	
•	5061	Midland, TX	7970	14_5061	9. Pool name or Wildcat	
4. Well Location	3001	indiand, ix	7970	74-3001	Artesia, Q-G-SA	
Unit Letter	G : 1620	Feet From The Nor	th	Line and2500	Feet From The East	Line
Section	25	Township 18-S	Ran	ge 27-E 1	MPM Eddy C	County
		///X		OF, RKB, RT, GR, etc.)	11/1///////////////////////////////////	
//////////////////////////////////////	Chaols A-	3561 G				
	ICE OF INTE	propriate Box to Ind	ncate in		_	
		MITON TO.		SUBS	SEQUENT REPORT OF:	_
ERFORM REMEDIAL \	MORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABAND	ON [CHANGE PLANS		COMMENCE DRILLING	OPNS. PLUG AND ABANDONM	IENT [
PULL OR ALTER CASIN	ıg 📙			CASING TEST AND CEI	MENT JOB X	
OTHER:				OTHER:		[
12. Describe Proposed or work) SEE RULE 110	Completed Operation 03.	s (Clearly state all pertinent a	details, and	give pertinent dates, includ	ing estimated date of starting any proposed	
11/3/92	TD well @ 2	320' and Log.				
11/4/92	Lite and 20	of 5-1/2", 15.5# 90 sxs 50/50 POZ or 30 minutes. 1	"C".	Circulated 85	with 380 sxs Halliburton sxs. Pressure tested to	
I hereby certify that the infor	matigat above is true and	complete to the best of my know	/ledge and be	elief.		- ··
SKINATURE SIN	and W	ickham!	/ TITLE	Production	Analyst	
TYPE OR PRINT NAME	Barbara Wic	kham			TELEPHONE NO. 915-6	585-1
(This space for State Use)	CRIGINA	SIGNED BY THE				
·	મેકારેટ લોકો				# 0 € 2. 8	1447
APPROVED BY	<u> </u>	<u> 108, 01872'ı, 1119</u>	тпъв	!	DATE	

CONDITIONS OF APPROVAL, IF ANY: