

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

DEC 1 1992

O. C. D.

WELL API NO.
30-015-27192

5. Indicate Type of Lease

STATE ☒ FEE ☐

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

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.)

7. Lease Name or Unit Agreement Name

Artesia Metex Unit

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

SDX Resources, Inc. ✓

8. Well No.

64

3. Address of Operator

P. O. Box 5061, Midland, TX 79704-5061

9. Pool name or Wildcat

Artesia, Q-G-SA

4. Well Location

Unit Letter H : 990 Feet From The East Line and 1550 Feet From The North Line

Section 25

Township 18-S

Range 27-E

NMPM

Eddy

County

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

3559

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.

11-28-92 Spud at 8:00 PM. Drilled 372' of 12 1/4" hole. Ran 368' of 8 5/8" csg.
Cemented with 300 sx Class "C" with 2% CACL. Circulated 50 sx cement.
Bumped plug at 4:15 AM, 11-29-92, and pressure tested casing at 1000 psi for
30 min. Held okay. WOC for 18 hrs.

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 12-2-92

TYPE OR PRINT NAME Barbara E. Wickham TELEPHONE NO. 915-685-1761

(This space for State Use)

ORIGINAL SIGNED BY

DAVE WILLIAMS

APPROVED BY DAVE WILLIAMS, DISTRICT II TITLE DISTRICT II DATE DEC 1 1992

CONDITIONS OF APPROVAL, IF ANY: