

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. 30-015-27194
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 648-131
7. Lease Name or Unit Agreement Name Artesia Metex
8. Well No. 66
9. Pool name or Wildcat Artesia, Q-G-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3546 G.L.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator SDX RESOURCES, INC.
3. Address of Operator P. O. Box 5061 Midland, TX 79704-5061	4. Well Location Unit Letter K : 1650 Feet From The West Line and 2310 Feet From The South Line Section 25 Township 18-S Range 27-E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

12/16/92 Spudded and drilled 390' of 12 1/4" hole. Ran 389' of 8 5/8", 24#, J-55 csg. Cemented with 325 sx Class "C" with 2% CACL. Circulated 73 sx cement. Pressure tested csg at 1000 PSI for 30 minutes. Held okay. WOC for 18 hours.

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 12/18/92

TYPE OR PRINT NAME Barbara E. Wickham TELEPHONE NO. (915) 685-176

(This space for State Use)

APPROVED BY MIKE WILKINSON TITLE SUPERVISOR DISTRICT I DATE DEC 30 1992

CONDITIONS OF APPROVAL, IF ANY: