

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. 30-015-27194
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E648-131
7. Lease Name or Unit Agreement Name
8. Well No. 66
9. Pool name or Wildcat Artesia, Q-G-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3546 GL

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 <u>K</u> : <u>1650</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u> Line Section <u>25</u> Township <u>18-S</u> Range <u>27-E</u> NMPM <u>Eddy</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3546 GL	

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 type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" 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.

12-21-92 TD well at 2200' and log. Ran 53 jts of 5 1/2", 14#, J-55 csg set at 2198'. Cement with 535 sx of 50/50 POZ and circulated 25 sx. 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 E. Wickham TITLE Agent DATE 1-22-93
TYPE OR PRINT NAME Barbara E. Wickham TELEPHONE NO. 915-685-1761

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I

APPROVED BY _____ TITLE _____ DATE MAR 23 1993

CONDITIONS OF APPROVAL, IF ANY: