

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.
30-015-27195

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.)

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

2. Name of Operator
SDX RESOURCES, INC.

8. Well No.
67

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 : 330 Feet From The East Line and 2310 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.)
3558 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.

12/14/92 TD well @ 2200' and Log. Ran 60 jts of 5 1/2", 14#, J-55 csg set of 2200'.
Cemented with 200 sx Lite and 200 sx 50/50 POZ. Circulated 21 sx. Plug
down at 1:00 p.m., 12/15/92. Pressure tested to 1000 PSI for 30 minutes.
Held okay.

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) ORIGINAL SIGNED BY

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR DISTRICT I DATE JAN 4 1993

CONDITIONS OF APPROVAL, IF ANY: