

State of New Mexico  
Energy, Minerals and Natural Resources Department  
District Office

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Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf  
up

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.

37190

5. Indicate Type of Lease

STATE

VER

6. State Oil & Gas Lease No.

Boiler

7. Lease Name or Unit Agreement Name

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)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☐

OTHER

2. Name of Operator

SDX Resources, Inc.

3. Address of Operator

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

4. Well Location

Unit Letter D : 471 Feet From The North Line and 330 Feet From The West Line

Section 30 Township 18-S Range 27-E NMPM Eddy County

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

3551 GL

8. Well No.

68

9. Pool name or Wildcat

Artesia, Q-G-SA

Artesia Meter Mt.

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.

12-22-92 Spud and drilled 385' of 12 1/4" hole. Ran 378' of 8 5/8", 24#, J-55 csg. Cemented with 350 sx of Class C with 2% CACL. Circulated 90 sx cement. Pressure tested csg at 1000 psi for 30 minutes. Held fine. 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 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 II

MAR 23 1993

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: