

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

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Energy, Minerals and Natural Resources Department

Form O-103  
Revised 1-1-89

CLSF  
Op

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer 110, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-011-21106

5. Indicate Type of Lease

STATE A

FREE

6. State Oil & Gas Lease No.

30-011-21106

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)

7. Lease Name or Unit Agreement Name

Artesia Water Unit

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

2. Name of Operator

SDX Resources, Inc.

8. Well No.

68

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 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

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.

12-29-93 TD well at 2200' and log. Ran 10 jts 5 1/2", 15.5#, J-55 csg; 44 jts 5 1/2", 14#, J-55 csg set at 2199'. Cemented with 250 sx Lite and 200 sx 50/50 POZ. Pressure tested to 1000psi 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 II

MAR 23 1993

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: