

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.

30-015-28993

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

State 647 AC 711

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

JUL 1 1996

2. Name of Operator

SDX Resources, Inc.

8. Well No.

131

3. Address of Operator

PO Box 5061, Midland TX 79704

9. Pool name or Wildcat

Artesia; ON-GB-SA

4. Well Location

Unit Letter G : 2310 Feet From The North Line and 1650 Feet From The East Line

Section 33

Township 18S

Range 28E

NMPM

Eddy

County

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

3528' GR

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: Spud & set surf. csg. ☒

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.

7-12-96 MI&RU United Drlg rig #4. Spud @ 12:30 pm 7-12-96. Drilled a 12-1/4" hole to 375'. Ran 11 jts 8-5/8" J-55 24# csg. Landed off @ 369'. Cmdt w/375 sx Class C w/2% CaCl. PD @ 11:15 pm, 7-12-96. Circ 91 sx. WOC 18 hrs. Start drlg 7-7/8" hole.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Bonnie Atwater

TITLE

Regulatory Assistant

DATE

7-15-96

TYPE OR PRINT NAME

Bonnie Atwater

TELEPHONE NO. 915/685-17

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 22 1996