Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.

WELL API NO.

30- 025- <i>0/5</i>	30227	
ndicate Type of Lease	X	ec

<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM i	38210	S	Santa Fe, NM	87505		sIndicate Type of Leas		
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, N	M 87410					₀State Oil & Gas Lease	STATE X	FEE
(DO NOT USE THIS FO	RM FOR PRO	ICES AND REF DPOSALS TO DRIL RVOIR. USE "APPI :-101) FOR SUCH F	L OR TO DEEP LICATION FOR I	EN OR PLUG BA	CK TO A	7Lease Name or Unit A Key State		
i Type of Well : OIL WELL ⊠	GAS WELL		OTHER					
2Name of Operator SDX Resources, Inc.						⊮Well No. 2	· · · · · · · · · · · · · · · · · · ·	
3Address of Operator PO Box 5061, Midland	, TX 79704	4				∘Pool name or Wildcat Artesia, QN-GB-		
4Well Location Unit Letter F	1493	Feet From The	North	Line and	1716	Feet From The	West	Line
Section	21	Township	18S	Range	28E	NMPM	Eddy	County
		₁₀Elevati 3588 C		DF, RKB, RT, GR, e	tc.			
11	Check A	ppropriate Box	c to Indicate	Nature of No	tice, Re _l	port, or Other D	ata	
NOTICE OF INTENTION TO:					SUBSEQUENT REPORT OF:			

Check Appropriate Box to indicate Hatche of Hotios, Roport, of Other Bata							
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON	X	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ANBANDONMEN	T [
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			
OTHER:				OTHER:			
				# # . # . # . # . # . #	4	- any ampaned	

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SDX will P&A well as follows:

Circ hole w/mud laden fluid. Spot 100' plug 2330' - 2430'. (Top SA 2380'). Spot 100' plug across shoe 325' - 425'. Tag plug. Spot 10 sx surface plug & install marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 05-10-99 SIGNATURE TELEPHONE NO. 915/685-1761 TYPE OR PRINT NAME Chuck Morgan

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF AN