Submit 3 Copies to Appropriate District Office

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## State of New Mexico

Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

P.O. Box 1980, Hobbs, NM 88240		NSERVAT		SION	1		
Diotroian II	2	2040 Pacheco S	St.		WELL API NO. 30-015-02203		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Santa Fe, NM	8/505			·····	
					sindicate Type of Leas	-	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					St. 101.0	STATE	FEE
					eState Oil & Gas Leas	e No.	
SUNDRY NOTICE	CES AND REF	ORTS ON W	FIIC				
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					1 (42 to 12 (4 to 12	The state of	<u>te vitaliani d</u>
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)					7Lease Name or Unit		
Type of Well:	IOI) I OK SOCH F	ROPUSALS.)			State 648 AC 81	1	
OIL GAS WELL WELL WELL							
2Name of Operator		OTHER					
SDX Resources, Inc.					⊮Well No. 71		
Address of Operator	<del>-</del>		<del></del>		Pool name or Wildcat		<del></del>
PO Box 5061, Midland, TX 79704					Artesia QN-GB-S		
₄Well Location							
Unit Letter G 1980 F	Feet From The	North	Line and	1980	Feet From The	East	Line
Continue AD							Line
Section 10	Township	198	Range	28E	NMPM	Eddy	County
P. Statistical of the second	10Elevation	n (Show whether D	F, RKB, RT, GR, et	c.		3.44	
11 Charle Ann	_	<b>&gt;</b>		· hi	<u></u>		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO:							

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ANBANDONMENT
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB		
OTHER:				OTHER: Return to prod		
«Describe Demonad or Commister				<u> </u>		

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

This well was returned to production 2/6/01.



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I hereby certify that the information above is true and complete to the best of m	y knowledge and beliefтп∟е_Regulatory Tech	DATE 02-14-01
TYPE OR PRINT NAME  (This space for State Use)		TELEPHONE NO.
APPROVED BY TIME S LIFE CONDITIONS OF APPROVAL, IF ANY:	TITLE FIELD REP. I	DATE 2/22/01.