RECEIVED

AUG 0 5 1991

O. C. D.
ARTESIA, OFFICE

Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. 648

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 648 AC 811

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

2. Name of Operator: SDX Resources, Inc.

8. Well No. 174

3. Address of Operator: P.O. Box 5061, Midland, TX 79704

9. Pool name or Wildcat: Artesia - Q-GR-B-SA

4. Well Location
Unit Letter K : 1980 Feet From The W Line and 1980 Feet From The S Line
Section 10 Township 19S Range 28E NMPM Eddy County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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 ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: T.A. well ☑	

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.

7-31-91 Load casing with inert packer fluid and test to 300# for 30 minutes. Held fine. T.A. well.

This Approval of Temporary Abandonment Expires 8/96

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

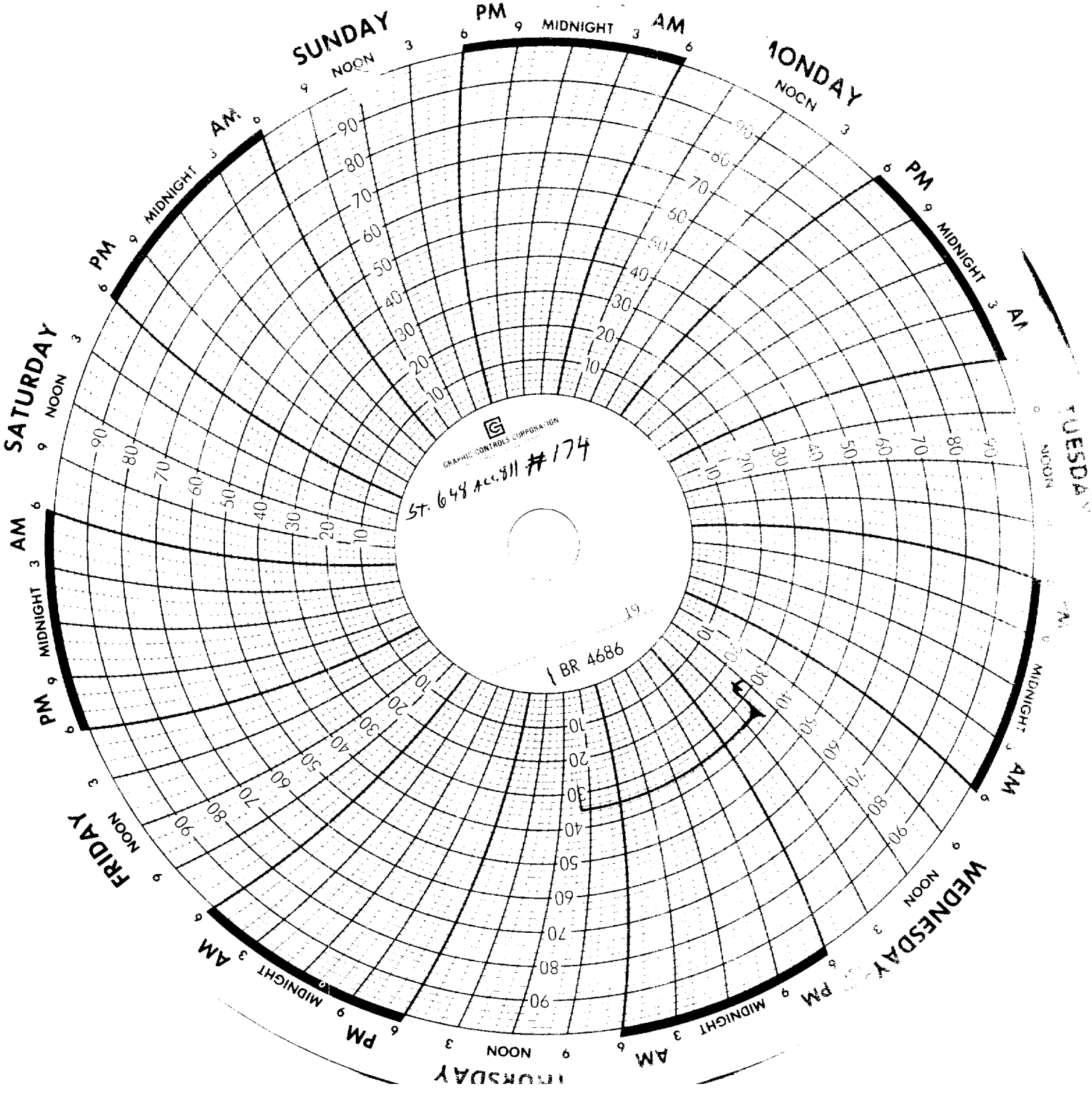
SIGNATURE Rebecca Olson TITLE Agent DATE 8-1-91

TYPE OR PRINT NAME Rebecca Olson TELEPHONE NO. (505) 746-6520

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep DATE 8/14/91

CONDITIONS OF APPROVAL, IF ANY:


SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY
PM
AM
MIDNIGHT
NOON
GRAPHIC CONTROLS CORPORATION
St. 648 Acc. 811 #174
1 BR 4686