

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.
3001523514

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VA - 805

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER P & A

2. Name of Operator
SDX RESOURCES, INC.

3. Address of Operator
P. O. BOX 5061, MIDLAND, TX 79704

7. Lease Name or Unit Agreement Name
STATE JB COMM

8. Well No.
#1

9. Pool name or Wildcat
WILDCAT - DELAWARE

4. Well Location
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 32 Township 23-S Range 28-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3112 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: RE-ENTER ☒

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.

PLAN TO DRILL OUT ALL PLUGS (SEE ATTACHED SCHEMATIC) TO +/- 6000' OR
SUFFICIENT DEPTH TO TEST THE DELAWARE FORMATION AT 5700'.

- 1) DRILL OUT ALL PLUGS.
- 2) PERFORATE DELAWARE FORMATION FROM 5700' TO 6000'.
- 3) ACIDIZE PERFS AND SWAB TEST.
- 4) COMMENCE FURTHER STIMULATION, PUT WELL ON PUMP OR T/A.

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

SIGNATURE Barbara E. Wickham TITLE PROD. ANALYST DATE 05-14-93

TYPE OR PRINT NAME BARBARA E. WICKHAM

TELEPHONE NO. 685-1761

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUN 16 1993

CONDITIONS OF APPROVAL, IF ANY: