State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONCEDIVATION DIVISION

6/2	Form C-103 Revised 1-1-89		
U)			

<u>P.O. Bax 1980, Hobbs, NM 88240</u>	2040 Pacheco St.			WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		30-015-30163				
		STATE FEE				
<u>DISTRICT III</u> 1000 Río Brazos Rd., Aztec, NM 87410				eState Oil & Gas Leas		
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.)			गेंLease Name or Unit Agreement Name Ogden			
1Type of Weli: OIL GAS WELL ☑ WELL ☐	OTHER		·			
2Name of Operator SDX Resources, Inc.				Well No.		
Address of Operator PO Box 5061, Midland, TX 7970	4			Pool name or Wildow Loving Delawar	1	
4Well Location Unit Letter J 1980	Feet From The South		Line and 2130	Feet From The	East Line	
Section 29	Township 23S	Ra	ange 28E	NMPM	Eddy County	
to Elevation (Show whether DF, RKB, RT, GR, etc. 3090' GR						
11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
• • • • • • • • • • • • • • • • • • • •			SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	X	COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT			
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB			
OTHER:			OTHER:			
**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. This is to amend the casing program on this well to the following:						
Drill a 17-1/2" hole. Set 13-3/8" 54.5# csg @ 500'. Cmt w/400 sx, circ to surface. Drill a 12-1/4" hole. Set 8-5/8" 24# csg @ 2700'. Cmt w/950 sx, circ to surface.						
Drill a 12-1/4" hole. Set 8-5/8" 24# csg @ 2700'. Cmt w/950 sx, circ to surface.						
Drill a 7-7/8" hole. Set 4-1/2" & 5-1/2", 13.5# & 15.5# csg @ 6200'. Cmt w/650 sx, est TOC 2500'.						
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				P OCI	RECEIVED D - ARTESIA	
				001	ji s Milles	
I hereby certify that the information above	is-true and complete to the best of my k	nowled	ge and belief.			
SIGNATURE BONNUL (thwater		Regulatory Tech.		DATE 04-23-98	
TYPE OR PRINT NAME Bonnie Atwatel					TELEPHONE NO. 915/685-1761	
(This space for State Use)			<u>,</u>			
	Med by tim W. Gum				DATE	
APPROVED BY DISTRICT II 5	JPEKUISOR	TIT	TLE		DATE	