Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	Energy, Minerals and Natural Resources			Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-22826		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III	1220 South St. Francis Dr.		STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lea		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
	CES AND REPORTS ON WELLS		7. Lease Name or Unit	Agreement Name	
(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			S4-4- 22 C		
PROPOSALS.)	(2010) 2010 2010 2010 2010 2010 2010 2010		State 32 Com 8. Well Number		
1. Type of Well:	Other TA		1		
Oil Well Gas Well	Other TA RECEIVED				
2. Name of Operator	OCT 2 0 7NN4		9. OGRID Number 020451		
SDX Resources, Inc. 3. Address of Operator		OUL AHTERIA		10. Pool name or Wildcat	
PO Box 5061, Midland, TX 79704	200	OGUSAHTESIA		Burton Flt, Strawn, N (Gas)	
4. Well Location				- Cusy	
Unit Letter_B:_	660feet from the _North	line and _198	30feet from the _	_Eastline	
Section 32	Township 19S Range 28E	NMP	M County Ed	ldv	
	11. Elevation (Show whether DR,				
12 Check A	Appropriate Box to Indicate N	atura of Nation	Papert or Other Date		
NOTICE OF IN			SEQUENT REPOR		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		ERING CASING 🗌	
		TEMEDIAL WOR	I ALIL	.KIIIO OAOINO []	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		G AND	
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN		NDONMENT	
	COMPLETION	CEMENT JOB			
OTHER:		OTHER: Temp	orarily Abandon	x	
	eted operations. (Clearly state all p				
	rk). SEE RULE 1103. For Multipl	le Completions: At	tach wellbore diagram of	proposed completion	
or recompletion.					
10/18/04 – Set CIBP @ 9416'. Cap w	v/35' cmt. Load hole w/pkr fluid.	Test to 500# for 30	min. Witnessed by Jerry	Guve of NMOCD.	
•	•				
Request TA status pending future dev	elopment in this area.				
		Тежротелу А	bendonad Sees epproved		
		indi [[]	7-18-09		
		Character of the Control of the Cont			
			# 4 - 4 _{2 2} 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
I hereby certify that the information a	bove is true and complete to the be	est of my knowledge	e and belief.		
SIGNATURE Donnie	ttenater TITLE F	Regulatory Tech	D	ATE_10/19/04	
Type or print name Bonnie Atwater	E-máil address: bat	water@sdxresource	s.com Telephone No	o. 432/685-1761	
(This space for State use)		A -11	1) , 70	OCT 9 1 000	
APPPROVED BY		SWO!	THE COLUMN	OCT 2 1 200 7	
Conditions of approval, if any:	TITLE		DAT	E	
union or approven, it mij.			•		

