

0005, NM-88240
Artesia, NM-88211
Aztec, NM-87410
Santa Fe, NM

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-10795	
5. Indicate Type of Lease STATE X FEE	<input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Northwest Artesia Unit	
8. Well Number	9
9. OGRID Number	020451
10. Pool name or Wildcat Artesia, QN-GB-SA	

(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.)

2. Name of Operator
SDX Resources, Inc.

3. Address of Operator
PO Box 5061, Midland, TX 79704

4. Well Location

Unit Letter L : 2310 feet from the South line and 660 feet from the West line
 Section 32 Township 17S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type	Depth to Groundwater	Distance from nearest fresh water well	Distance from nearest surface water
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Pit Liner Thickness:	mil	Below-Grade Tank: Volume	bbls;	Construction Material
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NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPL	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐ OTHER: Temporarily Abandon X

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perfs: 1898' – 1929'
Packer set @: 1809'

Pressure tested annulus to 500# for 30 min. Witnessed by OCD & chart attached. Request TA status pending future development and/or waterflood expansion.

FINAL T/A EXTENSION

Date of Last Production 5-1-99

Well must be returned to beneficial use or a

P/A plan submitted prior to 10-25-2008

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I certify that the grade tank has been/will be constructed or closed according to NMOCD guidelines.

ify that any pit or below-
D-approved plan ☐.

SIGNATURE Bonnie Chwater TITLE Regulatory Tech DATE 6/29/07

Type or print name **Bonnie Atwater** E-mail address: **batwater@sdresources.com** Telephone No. **432-685-1761**

For State Use Only

APPROVED BY: [Signature] TITLE Deputy Field Inspector DATE JUL 3 2007
Conditions of Approval (if any) District II - Artesia

