

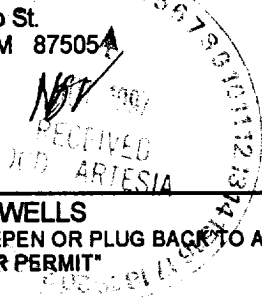
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505



WELL API NO.
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Arco 26 A State
Well No. 11
Pool name or Wildcat Red Lake, QN-GR-SA (51300)

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator SDX Resources, Inc.	
Address of Operator P.O. Box 5061, Midland, TX 79704	
Well Location Unit Letter <u>F</u> : <u>2280</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line <u>26</u> Section <u>17S</u> Township <u>28E</u> Range <u>NMPM</u> <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3670 Gr	

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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: To change well location. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Form C-101 and plat was filed on October 14, 1997. Arco 26 A State #11 was staked at 2276' FNL & 1374' FWL.

New Location is now: 2280' FNL & 1650' FWL.

New plat attached.

Well has not been drilled.

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

SIGNATURE Bonnie Atwater TITLE Regulatory Tech. DATE 10-28-97

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-1761

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 29 1997