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** 

## OIL CONSERVATION DIVISION

WELL API NO.		
30-015-30889	•	
Indicate Type of Lease		

P.O. Box 1980, Hobbs, NM 88240  2040 Pacheco St.  Santa Fe, NM 87505  P.O. Drawer DD, Artesia, NM 88210			30-015-30889		V			
			sIndicate Type of Lea	se STATE	FEE			
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM	87410					∘State Oil & Gas Leas	se No.	
SUNE	RY NOT	ICES AND REP	ORTS ON WEL	LS				
(DO NOT USE THIS FORI	M FOR PRO	DPOSALS TO DRIL RVOIR. USE "APPL	L OR TO DEEPEN ICATION FOR PFI	OR PLUG BAC RMIT"	CK TO A	₁Lease Name or Unit Agreement Name		
DIFFERE		-101) FOR SUCH P				Kersey State		
iType of Well: OiL WELL ⊠	GAS WELL		OTHER					
₂Name of Operator SDX Resources, Inc.						«Well No. 2		
Address of Operator PO Box 5061, Midland,	TX 79704	1				∘Pool name or Wildca Artesia (QN-GB		
4Well Location Unit Letter P	844	Feet From The	South	Line and	330	Feet From The	East	Line
Section	32	Township	17S	Range	28E	NMPM	Eddy	County
		ioElevatio 3670	n (Show whether DF,	RKB, RT, GR, et	tc.		124	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE	E OF IN	TENTION TO	<b>)</b> ;		SUBS	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK		PLUG AND A	BANDON	REMEDIAL W	ORK		ALTERING CAS	SING
TEMPORARILY ABANDON		CHANGE PL	ANS	COMMENCE	DRILLING O	PNS.	PLUG AND ANB	ANDONMENT
PULL OR ALTER CASING				CASING TEST	T AND CEME	NT JOB		

OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spud 12-1/4" hole 5/25/00. Drill to 525'. Run 13 jts 8-5/8" J-55 24# csg. Set @ 511'. Cmt w/350 sx Cl C. WOC 25 hrs.

Drill 7-7/8" hole. TD @ 4104' on 6/3/00. Run LDT-CNL-GR & DLL-GR OH logs. Run 5-1/2" 15.5# & 14#, LT&C & ST&C csg. to 4096'. Cmt w/400 sx Lite & 450 sx Cl C. Circ 13 sx.

Release rig 6/4/00.

		827			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE BONNIE Munter	TITLE Regulatory Tech	DATE 09-15-00			
TYPE OR PRINT NAME Bonnie Atwater		TELEPHONE NO. 915/685-1761			
(This space for State Use)	AN				

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

DATE \_ SEP 2 5 2008

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY