

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

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| WELL API NO. 30-025-35022 |
| Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| State Oil & Gas Lease No. |
| Lease Name or Unit Agreement Name Atlantic State |
| Well No. 1 |
| Pool name or Wildcat Jalmat, TN-YT-SR |

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|---|--|
| 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | |
| Name of Operator SDX Resources, Inc. | |
| Address of Operator PO Box 5061, Midland, TX 79704 | |
| Well Location Unit Letter <u>M</u> <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>Led</u> County | |
| Elevation (Show whether DF, RKB, RT, GR, etc.) 3495' 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: ☐

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.

Spud 12-1/4" hole @ 2:32 pm 5/9/00. Drill to 462'. Run 8-5/8", J-55, 24# csg to 448'. Cmt w/375 sx CI C. Circ 108 sx. WOC 18 hrs.

Drill 7-7/8" hole to 3400' TD. Reached TD 1:30 pm 5/15/00. Run LDT-CNL-GR & DLL OH logs.

Run 4-1/2" J-55 9.5# csg to 3399'. Cmt w/200 sx CI C + 550 sx Lite. Circ 114 sx.

Release Rig 5:00 pm 5/15/00.

needs to be bottom 20% of casing!

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

SIGNATURE

Bonnie Alwater

TITLE Regulatory Tech

DATE 06-28-00

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE *6-5-2000*

CONDITIONS OF APPROVAL, IF ANY:

See above note