

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-08579
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-6019

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.)

7. Lease Name or Unit Agreement Name
Jalmat Field Yates Sand Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER ☐ Injection Well

2. Name of Operator
SDX Resources, Inc.

3. Address of Operator
P. O. Box 5061, Midland, TX 79704

4. Well Location
Unit Letter P : 660 Feet From The South Line and 330 Feet From The East Line

Section 10 Township 22S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3602 GR

11. 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 ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

Well was spudded 6/12/58. Surface casing - 8-5/8" @ 305', cmted w/250 sx's.
Production csg - 5-1/2" @ 4121', cmted w/600 sx's.
Perfs: 4036-62', 4000-14', 3988-4000', 3940-60'.
Frac'd w/40,000 gals refined oil & 37,000# sd.
Squeezed cmtd all zone to 4000 psi w/300 sx's cmt. Converted to WIW 9/62. Perf: 4036-4062'.

Propose to release pkr & TOH w/tbg. Replace any bad tbg. TIH w/pkr & test csg for possible hole. Will squeeze & repair hole if found. Will drill out squeeze and return well to active injection status. Prep to start work 9/10/96.

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

SIGNATURE Janice Courtney TITLE Regulatory Tech
TYPE OR PRINT NAME Janice Courtney

DATE 9/6/96
915/685-1761
TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 11 1996