

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
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Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

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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-" for such proposals.)

| | | |
|--|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR SDX RESOURCES, INC. | | 8. FARM OR LEASE NAME Leonard Federal |
| 3. ADDRESS OF OPERATOR P. O. Box 5061, Midland, TX 79704-5061 | | 9. WELL NO. 3 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F, 1980' FNL & 1980' FWL | | 10. FIELD AND POOL, OR WILDCAT GR-Jackson-SR-Q-GR-SA |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T17S, R29E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3548 DF | | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE NM |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | | | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other) Convert to Injector

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1-15-93 Propose to convert to water injector thru existing perforations at 2654'-2956' in Grayburg and San Andres formations using 2 3/8" plastic coated tubing at 2550' with plastic coated R-4 packer at 2550'.



18. I hereby certify that the foregoing is true and correct

SIGNED Barbara E. Wickham TITLE Production Analyst DATE 1/12/93

(This space for Federal or State office use)

APPROVED BY David R. Mass TITLE PETROLEUM ENGINEER DATE 1-28-93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side