

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. 30-025-08626
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. B-229
Lease Name or Unit Agreement Name Jalmat Field Yates Sand Unit
Well No. 145
Pool name or Wildcat Jalmat, Tan-Yates-7 Rvrs

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 ☐ GAS WELL ☐ OTHER Injection well

Name of Operator
SDX Resources, Inc.

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

Well Location
Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West Line
Section 14 Township 22S Range 35E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3595' 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.

7/18/97 MI & RU well service unit.

7/22/97 Unload 2-7/8" workstring & 2-3/8" injection string. TIH w/2-1/4" overshot & latched onto 2-1/16" tbg. TIH, cannot latch onto fish. TOH. SDFN.

7/23/97 TIH w/socket & TOH. TIH w/AD-1 pkr. Tagged up @ 3872'. Pull up & set pkr @ 3851'. Test casing, OK. Pumped into formation. Rel pkr & TOH, LD workstring. TIH w/AD-1 pkr on 124 jts 2-3/8" PC tbg to 3851'. Circ pkr fluid & set pkr. Run casing integrity test and chart. Well tested OK. Gave chart to OCD representative, who was on location. SDFN.

7/24/97 RD & MO pulling unit. Returned well to injection status.

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 DATE 07-30-97
TYPE OR PRINT NAME Janice Courtney TELEPHONE NO. 915/685-1761

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE AUG 5 1997

CONDITIONS OF APPROVAL, IF ANY:

ICB

Review for report