Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

	n C-103 ised 1-1-89
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DISTRICT I			ICED\/AT		SION		Y	
P.O. Box 1980, Hobbs, NM 882	2040 Pacheco St.		SION	WELL API NO. 30-015-31284				
DISTRICT II P.O. Drawer DD, Artesia, NM 8	3210	Santa Fe, NM 87505			sindicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NA	4 87410					«State Oil & Gas Leas		FEE
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 Staley State				
¹Type of Well: OIL W⊟⊥L ⊠	GAS WELL		OTHER					
2Name of Operator SDX Resources, Inc.						sWell No. 1		
sAddress of Operator PO Box 5061, Midland,	TX 79704					Pool name or Wildcar		rB-SA
4Well Location Unit Letter	2310	Feet From The	Ssouth	Line and _	1650	Feet From The	East	Line
Section	30	Township	178	Range_	28E	NMPM	Eddy	County
		ı₀Elevati	on (Show whether I	DF, RKB, RT, GR, e	etc.			A STATE
11	Check Ap	ppropriate Bo	to Indicate	Nature of No	otice, Re	port, or Other D	ata	
NOTICE OF INTENTION TO: SUBS				SEQUENT RE	PORT OF			
PERFORM REMEDIAL WORK		PLUG AND	ABANDON	REMEDIALV	VORK	\boxtimes	ALTERING CA	SING
TEMPORARILY ABANDON		CHANGE PI	ANS	COMMENCE	COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT			
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB				
OTHER:					OTHER:			
12Describe Proposed or Complework) SEE RULE 1103.	eted Operation	ns (Clearly state all pe	ertinent details, and	give pertinent date	s, including e	stimated date of starting	any proposed	-
Original Perfs: 3287 - 3	508							
10/30/01 - Set CIBP @ 68, 71 (27 holes). Acidiz	3220'. Per zed w/96 bl	rf 2123', 25, 33, 3 bls 15% NEFE a	37, 65 83, 84, 23 cid.	202, 11, 19, 21	, 27, 85, 2	314, 54, 2376, 80, 9	99, 2403, 11, :	20 28, 33, 57,
RIH w/2-7/8" tbg. Set @) 2991'. 2-1	I/2" x 2" x 16' pm	p.					
11/4/01 - Return to prod.					*	*		
					RECEIVED OOD ARTEMA			
I hereby certify that the inform	nation above is	s true and complete t	the best of my kno		ton, Took			13-02

I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE Sonnie Huater	TITLE Regulatory Tech	DATE 01-13-02						
TYPE OR PRINT NAME Bonnie Atwater		тецерноме мо. 915/685-1761						
(This space for State Use)								

_____ JAN 31 2002 _____ date ____

APPROVED BY CONDITIONS OF APP

FOR RECORD ONLY