

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP!
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 07459057459
2. NAME OF OPERATOR SDX RESOURCES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 5061 Midland, TX 79704-5061		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit B, 330' FNL & 1650' FEL 2310' W		8. FARM OR LEASE NAME Leonard B Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3555 DF		10. FIELD AND POOL, OR WILDCAT GR-Jackson-SR-Q-GR-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T17S, R29E
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Convert to Injector	<input checked="" type="checkbox"/>

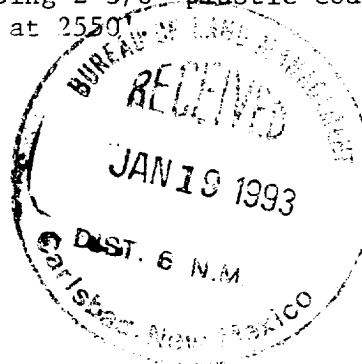
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 2754'-3048' and added additional perforations at 2650'-2754' in the Grayburg and San Andres formations using 2 3/8" plastic coated tubing with a R-4 plastic coated packer set at 2550'



JAN 19 11 20 AM '93
CARLSBAD AREA OFFICE
BUREAU OF LAND MANAGEMENT

RECEIVED

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

SIGNED Barbara J. Wickham TITLE Production Analyst

DATE 1/12/93

(This space for Federal or State office use)

APPROVED BY David R. Glass TITLE PETROLEUM ENGINEER

DATE 1-28-93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side