

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-062407

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Leonard Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Artesia Q GR-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

S33-T17S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

JUN 28 1991

O. C. D.
ARTESIA OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

SDX Resources, Inc.

3. ADDRESS OF OPERATOR

Post Office Box 5061, Midland, Texas 79704

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit L, 1980' FSL and 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Propose to repair parted rods and return well to production.

JUN 25 10 34 AM '91
CARTER
AREA

RECEIVED

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

SIGNED William Olson

TITLE Agent

DATE 6-24-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 6/27/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side