Form 3160-5 (November 1983) (Formerly 9-331)	UN DISTA DEPARTME OF THI BUREAU OF LAND MA	E INTERIOR vere	BMIT IN TRIPL.	Form approved. Budget Bureau No. 1004-01.35 CSF Expires August 31, 1985 5. LEASE DESIGNATION AND BERIAL NO. LC-057459	
	RY NOTICES AND RE m for proposals to drill or to de se "APPLICATION FOR PERMIT	EPORTS ON WI	ELLS different reservoir.	0. IF INDIAN, ALLOTTEE OR TRIBE NAME	
I. OIL GAS WELL XX WELL	OTHER		RECEIVED	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR SDX RESOL 3. ADDRESS OF OPERATOR	JRCES, INC.	Çir First	JUN - 3 1992	8. FARM OR LEASE NAME Leonard "B" Fed 9. WELL NO.	
P.O. BOX 4. LOCATION OF WELL (Repo See also space 17 below.) At surface	5061, Midland, T	TX 79704 ance with any State requ	O. C. D. "E"R": A VERCE ilrements."	5 10. FIELD AND FOOL, OR WILDCAT	
990' F	FNL & 2310' FEL	Unit Lette	er B	Grayburg- Jackson 11. SEC., T., R., M., OR PLK. AND SURVET OR AREA	
14. PERMIT NO.	15. FLEVATIONS (S)	how whether DF, RT, GR, etc	c.)	Sec. 33-T17S-R29E 12. COUNTY OR FARISH Eddy NM	
16.	Check Appropriate Box To	Indicate Nature of	Notice Report or	Other Data	
	ICE OF INTENTION TO :		· · ·	QUENT REPORT OF :	
TEST WATER SHUT-OFF Fracture treat Shigot or acidizd Repair well	PULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON* CHANGE PLANS	FR	ATER SHUT-OFF Actube treatment Iooting or acidizing	ALTERING WELL	
17. DESCRIBE PROPOSED OR CO.	9,8 5/8 CSG&5½Prc MPLETED OPERATIONS (Clearly sta Il is directionally drilled, give as	to all porthaut datally	Completion or Recom	ts of multiple completion on Well pletion Report and Log form.) s. including estimated date of starting any ical depths for all markers and gones perti-	
4-29-92	Spudded well w	vith 12¼" Bit	t at 1:15 P.1	М.	
4-30-92				" 24# csg. Cmtd. 2% CaCl ₂ . Circulated	
	30 sx cmt. W.	0.C. 18 hrs.	. Tested B.O	.P.S. (Holding)	
5-01-92	Drlg. out cmt.	and formati	ion w/7 7/8"	Bit .	
5-07-92	TD well at 369	TD well at 3690'-logged well using Schlumberger			
5-09-92	Halliburton wi 6# salt and 40	ith 900 sx Ha 00 sx 50/50 H Lug dow at 3:	all. Lite "C POZ. "A" Cem :00 P.M. W.O	5 csg. Cmtd. using " ¼#/sx Flocele & ent 3#/salt & 4/10% .C. 2 hrs. Set slips	
(No furth	ner reports until	completion))		
			Ą	»~	
	foregoing is true and correct				
signed		TITLE AGENT		DATE5-15-92	
(This space for Federal					
(This space for Federal APPROVED BY		TITLE		DATE	

*See Instructions on Reverse Side