Submit 3 Copies		State of New Mexico		Form C-103 C 15	
to Appropriate District Office	Energy, Minerals and Natural Resources Department			Revised 1-1-89	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-0178	1	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Le: 647		
	FICES AND REPORTS ON WEL				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Type of Well:	Water	i/	Artesia Un:		
OL OAS WELL	] oner Injec	tion Well			
2. Name of Operator SDX Resources, Inc.			8. Well No. 63		
3. Address of Operator			9. Pool name or Wildcat		
	P. O. Box 5061, Midland, TX. 79704		Artesia-Qn-GR-SA		
4. Well Location Unit Letter <u>M</u> : 990	Feet From The South	Line and330	Feet From The	West Line	
Section 2	Township 18S Ra	nge 28E	NMPM	Eddy County	
	10. Elevation (Show whether GR 3624'	DF, RKB, RT, GR, etc.)			
11. Check	Appropriate Box to Indicate I	Nature of Notice, R	eport, or Other Da	ta	
NOTICE OF IN			SEQUENT REP		
		REMEDIAL WORK			
	CHANGE PLANS				
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER: Repair Tub	ing Leak X	OTHER: <u>Repai</u>	r Tubing Leak	X	
12. Describe Proposed or Completed Open work) SEE RULE 1103.	ations (Clearly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of star	ting any proposed	
, · · · · ·	n to repair tubing lea	k. Plan to TOH	with tubing a	nd nacker	
2/02/95 Prep to repair tubing leak. Plan to TOH with tubing and Replace bad joints of tubing and repair packer. Will re					
to	original depth, test ca	asing and retur	n well to inje	ctor status.	
in and	TOH and tested tubing. Tubing tested OK. Repaired packer (hole in mandrel). TIH to 2132', circulated packer fluid, set packer, and tested casing to 300 psi for 15 minutes. Tested OK. Returned well to injector status.				
	ked witnessed by Ray Surt submitted to Mr. Sm			ervation Division.	
I hereby certify that the information above is tru	e and complete to the best of my knowledge and i		resident	DATE2/27/95	
TYPE OR PRINT NAME John Poc	-1			те дерноме но 915/685-176	
(This space for State Use)	WILL THE TOPPO				
<b>om</b> ated.	L SIGNED BY THE W. GHED TO BE FORMUSCIE			MAR 7 1995	
APTROVED BY	<u> </u>	£			
CONDITIONS OF AFFROVAL, IF ANY.					