

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CON. DIV. VARIATION DIV. PERM APPROVED  
811 S. 1st  
ARTESIA, NM 88210-2834  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
Designation and Serial No.  
NMLC 029392 B

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WIW</u>	6. If Indian, Allottee or Tribe Name
2. Name of Operator <b>SDX RESOURCES, INC.</b>	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. <b>PO BOX 5061 MIDLAND, TX 79704-5061</b>	8. Well Name and No. <b>Hinkle F WIW 1</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1880 FNL, 1980 FWL F, Section 27, 18, 31</b>	9. API Well No. <b>30-015-05617</b>
	10. Field and Pool, or exploration Area <b>Shugart Yate, Rivers Queen Grayburg</b>
	11. County or Parish, State <b>Eddy</b>

RECEIVED  
JUL 11 1996

OIL CON. DIV.  
DIST. 2

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>change of operator</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13. 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.)*		

AS REQUIRED BY 43 CFR 3100.0-5(A) AND 43 CFR 3162.3, WE ARE NOTIFYING YOU OF CHANGE OF OPERATOR ON THE ABOVE REFERENCED WELL.

SDX Resources Inc. AS NEW OPERATOR, ACCEPTS ALL APPLICABLE TERMS, CONDITIONS, STIPULATIONS, AND RESTRICTIONS CONCERNING OPERATIONS CONDUCTED ON THIS LEASE OR PORTION OF LEASE DESCRIBED.

SDX Resources Inc. MEETS FEDERAL BONDING REQUIREMENTS (43 CFR 3104)

THE EFFECTIVE DATE OF THIS CHANGE IS June 1, 1996.

14. I hereby certify that the foregoing is true and correct		
Signed <u>[Signature]</u>	Title <u>PRESIDENT</u>	Date <u>5-22-96</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

\* See Instruction on Reverse Side