

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION DIV. APPROVED
Budget Bureau No. 1994-0135
Expires March 31, 1993
811 S. 1 ST.
ARTESIA, NM 88210-2834

C/SF

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>W/W</u>	6. If Indian, Allottee or Tribe Name
2. Name of Operator SDX RESOURCES, INC.	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. PO BOX 5061 MIDLAND, TX 79704-5061	8. Well Name and No. Shugart D 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310 FNL, 2310 FEL G, Sec. 30, 18, 31	9. API Well No. 30-015-05645
	10. Field and Pool, or exploratory Area Shugart Yates 7Rivers Queen Grayburg
	11. County or Parish, State Eddy

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>change of operator</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.

July
1996
[Signature]

JUN 11 1996
OIL CON. DIV.
DIST. 2

14. I hereby certify that the foregoing is true and correct		
Signed <u><i>[Signature]</i></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