14. I hereby certify that the Signed	The state office use)			Date	22-96
14. I hereby certify that the Signed	The state office use)		~	Date	
14. I hereby cerify that the Signed	/111	Title Reside		Date	
1	formoving is true and correct	PROLING			
THE EFFECTIVE				:	
THE EFFECTIVE			Amos		(1) (1) (1)
	DATE OF THIS CHANG	at 15 June 1, 1990.			
SOX RESOURCED INCMEETS FEDERAL BONDING REQUIREMENTS (43 CFR 3104) THE EFFECTIVE DATE OF THIS CHANGE IS June 1, 1996.					
LEASE DESCRIBE				THIS LEASE OR PO	ORTION OF
OPERATOR ON TH	43 CFR 3100.0-5(A HE ABOVE REFERENCED	WELL.			
. Describe Proposed or Comp give subsurface lo	pleted Operations (Clearly state all per cations and measured and true vertical	rtinent details, and give pertinent date depths for all markers and zones per	is, including estimated date of start tinent to this work.)*	ang any proposed work. If wel	ll is directionally dri
			ange of operate	(Note: Report results of mu Completion or Recompletion	in Report and Log form.
Final At	bandonment Notice	Casing Repai	ing	Water Shut-Off Conversion to Inje	sction
X Subsequ	ent Report	Recompletion Plugging Bac	k	Non-Routine Frac	
Notice o	fIntent	Abandonmen		Change of Plans	
	CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT TYPE OF SUBMISSION TYPE OF ACTION				<u> </u>
	27, 18,31	OIL CO	N. DIV.	11. County or Parish, Sta Eddy	
MIDLAND, TX 79704-5061 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650 FNL, 990 FWL				10. Field and Pool, or exploratory Area Shugart Yates 7 Riv Queen Grayburg	
3. Address and Telephone No. PO BOX 5061				30-015-10593	
Name of Operator	SDX RESOU		INFI	Hinkle F 4	
SUBMIT IN TRIPLICATE				<ol> <li>If Unit or CA, Agreement Designation</li> <li>8. Well Name and No.</li> </ol>	
	SUNDRY NOTICES AND R		different reconneir	5 If Indian, Allottee or T	
S		D MANAGEMENT	ARTESI , NM 8	8210-2834 res. March 5 Lease Designation and	
nc 1990) S	DEPARTM OF	STATES F THE INTERIOR	OIL CC ERVAT 811 S. ' \T.	Budget Bureau No	