Submit 3 Copies to Appropriate District Office	State of New Mexico 5 39, Minerals and Natural Resources Departm		Form C-103 C 44 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II DISTRICT II DISTRICT II DISTRICT II DISTRICT II DISTRICT I P.O. Box 2088 Scate Fe New Marice 87504 2088			WELL API NO.
			30-015-22402
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E=7644
SUNDRY NOTICES AND REPORTS ON WELLS ( 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: OL QAS			Exxon 🕅 State C 🗄 🖗
2. Name of Operator		JAN 2 4 1397	8. Well No.
SDX Resources, Inc 3. Address of Operator	es, Inc.		9. Pool name or Wildcat
P. O. Box 5061, Mi	dland, TX 79704		Millman, Morrow, South (Gas)
4. Well Location	1650 Feet From The North	h Line and 1980	, Feet From TheEast Line
20		Range 28E	Fddy
Section <sup>29</sup>	Township 19S	whether DF, RKB, RT, GR, etc.)	NMPM Eady County
КВ 3415'			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF			
PULL OR ALTER CASING			
OTHER: Perforate Wolfcamp K OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
circulated. 8-5/ @ 11,049;, cmted CIBP @ 10,535 w/3 Propose to TIH w/	8" 24 32# @ 2815', cm w/1075 sxs C1 H. TOC 5 sxs. Perfs <b>%</b> ,895-9 bit & scrapper to 985	ted w/1100 sxs, circ calculated @ 7300' 932'. TD 11,049'; 0'. Set CIBP @ 983	5' & cap w/35' cement.
Perforate Wolfcamp 8772-9049' and acidize w/3500 gals 15% HCl acid & test well. If non-commercial, will set CIBP @ 8670' and cap w/35' cement. Perform remedial cement work, if necessary, and test Bone Springs formation.			
Plan to start wor	k 2/01/97.		
I hereby certify that the information above	is true and complete to the best of my know	ledge and belief.	
SKONATURE Janie	Courtney	mue Regulatory	
TYPE OR FRINT NAME Jan	ice Courtney		915/685-1761 TELEPHONE NO.
(Thus space for State Use)			FFB 3 1997
APPROVED BY DISTRICT	oneo av Tim W. Auki Mpilanisch	TTLE	<b>FEB</b> 3 1997

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