SUNDRY NOTICES AND Do not use this form for proposals to drill o Use "APPLICATION FOR F SUBMIT Type of Well Oil Gas Well Other 2. Name of Operator 3. Address and Telephone No. PO BOX 5061 MIDLAND, TX 7 4. Location of Well (Footage, Sec., T., R., M., or Survey Des 330 FNL, 2	DE THE INTERIOR AND AND MANAGEMENT PREPORTS ON WELLS r to deepen or reentry to a different reservoir. PERMIT - " for such proposals IN TRIPLICATE S, INC. 9704-5061 RECEIVED	<ul> <li>5.T. 88210-2834 NM 88210-2834 Budget Bureau No. 1004-0135 Expires. March 31, 1993</li> <li>5 Lease Designation and Serial No. NMLC 0293878</li> <li>6. If Indian, Allottee or Tribe Name</li> <li>7. If Unit or CA, Agreement Designation</li> <li>8. Well Name and No. Shugart D 13</li> <li>9. API Well No. 30-015-22436</li> <li>10. Field and Pool, or exploratory Area Shugart Yates 7 Rivers Queen Grayburg</li> <li>4. Series Daries</li> </ul>
B, Sec. 30	JUL 1 1 1996	11. County or Parish, State Eddy
CHECK APPROPRIATE BOX(s	) TO INDICATE NATURE OF NOTIGE REPOR	T, OR OTHER DATA
TYPE OF SUBMISSION          Notice of Intent         X         Subsequent Report         Final Abandonment Notice	Abandonment Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other <u>change of opera</u>	Change of Plans Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection
AS REQUIRED BY 43 CFR 3100.0-5 OPERATOR ON THE ABOVE REFERENCE	(A) AND 43 CFR 3162.3, WE ARE NOTIF ED WELL. ATOR, ACCEPTS ALL APPLICABLE TERMS. CONCERNING OPERATIONS CONDUCTED ON	
LEASE DESCRIBED.		
SDX RESOURCED IN. MEETS FEDERAL BONDING REQUIREMENTS (43 CFR 3104)		
THE EFFECTIVE DATE OF THIS CH	ANGE IS June 1, 1996.	
14. I hereby certify that the breeping is true and correct Signed	Title PRESIDENT	Date5-22-96
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Title	Detc
Title 18 U.S.C. Section 1001, makes it a crime for any person or representations as to any matter within its jurisdiction.	on knowingly and willfully to make to any department or agency of the L	Insted States any false, fictitious or fraudulent statements