Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT |

OIL CONSERVATION DIVISION

	CI PA	Revised 1-1-09
LL API NO.	1	
1_015_315/	3	

P.O. BOX 1900, FIGDDS, INM 00240	2040 Pache Santa Fe,	eco St. 16 17 18 10 20 20 NM 287505	30-015-31543	3		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	14M) 20/200	sIndicate Type of Li			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		OCHECEIVED 2374 E	«State Oil & Gas Le	STATE FEE		
(DO NOT USE THIS FORM FOR DIFFERENT RE	OTICES AND REPORTS OF PROPOSALS TO DRILL OR TO DE SERVOIR. USE "APPLICATION F M C-101) FOR SUCH PROPOSALS	N WELLS ARTEST EPEN OR PLUG BACK TO A OR PERMIT	E 1 1888 \$1860	nit Agreement Name		
1Type of Well: OIL GAS WELL ☑ WELL ☑	OTHER	100				
2Name of Operator SDX Resources, Inc.			⊮Well No. 1			
Address of Operator PO Box 5061, Midland, TX 79	704		«Pool name or Wild Undes, Millma	lcat In YT-7R-QN, East		
4Well Location		h Line and 990	F F Th.	East Line		
Olik Editi		Line and				
Section 29		S Range 28E ether DF, RKB, RT, GR, etc.	NMPM	Eddy County		
3367' GR						
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
	PLUG AND ABANDON		DOEQUENT N	r		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		REMEDIAL WORK COMMENCE DRILLING	OPNS	ALTERING CASING PLUG AND ANBANDONMENT		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT CASING TEST AND CEMENT JOB						
OTHER: OTHER:						
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.						
MUNICIPAL TIES.						
Existing Condition: Perfs @ 2850' - 70' w/CIBP @ 2799 w/35 sx cmt on top. Perfs @ 2270' - 78' w/CIBP @ 2232'						
Currently producing from QN-GB perfs 1496' - 2149'.						
Propose to TA well pending possible re-completion in the 7R as follows: Dump 2 sx cmt on CIBP @ 2232'. Set CIBP @ 1430' & cap w/2 sx cmt. Circ hole w/pkr fl & pressure test csg to 500# for 30 mn. Submit chart of test to OCD.						
Notify oco at his prior to pressure test.						
I hereby certify that the information abo	ove is true and complete to the best of m	ny knowledge and belief.				
SIGNATURE DOMINIO	ataute	TITLE Regulatory Tech		DATE 11-16-01		
TYPE OR PRINT NAME Bonnie Atwa	ter			тецерноме по. 915/685-1761		
(This space for State Use)	7	() n	a office			
11	1 Jun	1 200 201	14 OHIGE	1/ 1/201		