

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-03197
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection Well	7. Lease Name or Unit Agreement Name Northeast Pearl Queen Unit
2. Name of Operator SDX Resources, Inc.	8. Well No. #8
3. Address of Operator P. O. Box 5061, Midland, TX. 79704	9. Pool name or Wildcat East Millman-QN-GR-SA
4. Well Location Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line Section 23 Township 19S Range 35E NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3793 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Plans are to repair and reactivate as follows:

TOH with packer and tubing. Test tubing and casing. Replace any bad tubing and repair casing if necessary. Return well to injection. Worked planned for 10/16/95.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Janice Courtney TITLE Regulatory Tech DATE 10/06/95
TYPE OR PRINT NAME Janice Courtney TELEPHONE NO. 915-685-1761

(This space for State Use)
ORIGINAL FILED IN DISTRICT OFFICE

APPROVED BY _____ TITLE _____ DATE OCT 11 1995

CONDITIONS OF APPROVAL, IF ANY:

000 11 110

