

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. 30-025-33775
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name Northeast Pearl Queen Unit
8. Well No. 28
9. Pool name or Wildcat Pearl; Queen (49780)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator SDX Resources, Inc.	
3. Address of Operator P. O. Box 5061, Midland, TX 79704	
4. Well Location Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West Line Section 15 Township 19S Range 35E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3766' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input 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 checked="" 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.

2/5/97 Reached TD 5100'. RU Schlumberger & ran open hole logs (LDT-CNL-GR & DLL). RU & ran 129 jts 5-1/2" 15.5# casing, land off @ 5098'. RU D/S & cemented w/500 sxs 65/35 Poz w/6% gel w/5#/sx salt followed by 250 sxs C1 C w/2% CaCl<sub>2</sub>. P. D. @ 5:00 p.m., 2/5/97. WOC. Released rig @ 3:00 a.m., 2/6/97.

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 2/11/97  
TYPE OR PRINT NAME Janice Courtney TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: