

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.

30-025-08626

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-229

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 ☐

GAS
WELL ☐

OTHER ☐ Injection Well

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 14 Township 22S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3595' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

6/28/95

RU DA&S Well Service unit and released packer. Could not come up. TIH to 4029' and unscrewed from safety joint. TOH & replaced two joints 2-1/16" tubing. TIH w/rebuilt AD-1 packer on 121 jts PC 2-1/16" tubing and 2 joints 2-3/8" PC tubing. Land off on packer at 3815'. Circulated packer fluid. Set packer and test annulus to 500 psi. Bled off 60 psi in 30 minutes. Released unit and returned well to injection status.

Chart attached.

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 9/6/96

TYPE OR PRINT NAME Janice Courtney

915/685-1761
TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 11 1996

