State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Ω	CONSERVA	ATION	DIVISION

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DI P.O. Box 2088	WELL API NO. 30-025-08644			
DISTRICT II Santa Fe, New Mexico 87504 P.O. Drawer DD, Artesia, NM 88210	-2088 5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-266-4			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUDIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Out On This case	Cone Jalmat Yates Pool Unit Tract 2			
WELL OTHER Injector 2. Name of Operator	8. Well No.			
SDX Resources, Inc. 3. Address of Operator	9. Pool name or Wildcat			
P. O. Box 5061, Midland, TX. 79704	Jalmat Tansill Yates Seven Rivers			
4. Well Location	Line and 1980 Feet From The East Line			
Section 24 Township 22S Range 35E NMPM Lea County				
10. Elevation (Show whether DF, RKE) GR 3573'	8, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REME	EDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMI	MENCE DRILLING OPNS. UPPLUG AND ABANDONMENT U			
PULL OR ALTER CASING CASI	NG TEST AND CEMENT JOB			
OTHER: OTHE	R: Tubing repair X			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give p work) SEE RULE 1103.	ertinent dates, including estimated date of starting any proposed			
Release packer & TOH w/tubing & packer. Test tu	bing & replaced six joints 2-3/8" P.C.			
tubing and replaced packer. TIH. Circulate pac	ker fluid and set AD-1 5-1/2" packer			
at 3548'. Test annulus to 300 psi for 15 minutes. Held OK. Chart attached.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	0/15/05			
SIGNATURE STATE (TOUR MEY TITLE -	Regulatory Tech DATE 8/15/95			
TYPEOR PRINT HAVE Janice Courtney	TELEPHONE NO.			
(This space for State Use) ORIGINAL TO A STATE OF STATE O	DATE AUG 1 7 1995			
APPROVED BY TITLE	DATE FOO E - IQU			
CONDITIONS OF APPROVAL, IF ANY:	Mad (r			

