

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.
30-025-325284

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-396

7. Lease Name or Unit Agreement Name
Cone Jalmat Yates Pool Unit

8. Well No.
34

9. Pool name or Wildcat
Jalmat Tansill Yates 7 Rivers

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 ☐

2. Name of Operator
SDX RESOURCES, INC.

3. Address of Operator
P. O. Box 5061 Midland, TX 79704

4. Well Location
Unit Letter N : 1310 Feet From The SOUTH North Line and 1310 Feet From The EAST West Line

Section 24 Township 22 Range 35 NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3578 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.

6/20/94 - Spudded well and drilled 1270' of 12 1/4" hole. Ran 30 jts. of 8 5/8" - 24.0# J-55 casing. Cemented w/350 sx "C" and circulated 20 sx. Pressure tested casing to 1000 psi for 30 minutes. Held OK. WOC 18 hrs.

6/29/94 - TD well @ 4090'. Ran 102 jts of 5 1/2" - 14.0 # J-55 casing to 4090'. Cemented 2 stages. First stage - 200 sx "C" Lite. Second stage - 650 sx Howco Lite, 150 sx "C". Plug down @ 6:30 a.m. MST 6/30/94. Circ. 60 sx to pit. Pressure tested to 1000 psi for 30 minutes. Held OK.

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

SIGNATURE [Signature] TITLE Vice President DATE 10/19/94
TYPE OR PRINT NAME John Pool TELEPHONE NO. 915-685-1761

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE OCT 21 1994

CONDITIONS OF APPROVAL, IF ANY: