		UNI DEPARTME BUREAU OF ORY NOTICES	PORM APPROVED OM B No. 10040137 Expers: March 31, 2007 5. Lease Scrial No. NMLC-070938 6. If Indian, Allottee or Tribe Name						
	Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.								
	SUBMIT IN TRIPLICATE- Other instructions on reverse side.						7. If Unit or CA/Agreement, Name and/or No.		
	1. Type of Well XX Oil Well	Gas Weil	Other		4, ,,,, , , , , , - eas — y, s, s, s	_	ame and No.	·	
	2 Name of Operator SDX Resources, Inc.					CC Federal #5 9. API Well No.			
	3a. Address	Address O Box 5061, Midland, TX 79703			le area code) 1761	30-015-34163 10. Field and Pool, or Exploratory Area			
	4. Location of Well (Footoge,	Sec., T., R., M., or Sur		432/685-	1701	Red 1	Lake, ON-GB-SA	<u>51</u> 300	
	2310' FSL 1650 Sec 9, T18S, F					1	or Parish, State Co., NM		
	12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA								
	TYPE OF SUBMISSION	OF SUBMISSION			PE OF ACTION				
	XX Notice of Intent	Acidize Alter Cas	_	Deepen Fracture Treat	Production (St	art/Resume)	Water Shut-Off Well Integrity		
	Subsequent Report	Casing Change I	-	New Construction Plug and Abandon	Recomplete Temporarily Al	bandon	Other		
	Final Abandonment Notic	_ —	lo Injection	Plug Back	Water Disposal				
· · · · · · · · · · · · · · · · · · ·	Current wellbo Estimated tops Propose to P&A 1. Spot 40 sx 2. Spot 25 sx 3. Spot 10 sx 4. Install ma 5. Close pits	re diagram : GL-YE 20 SA 1430 as follows plug 2050 plug 1230 surf plug rker & clea	attache 880' ' s: '-1900' '-1130' an locat	đ.			n completed, and the operator	has	
_	14. Ihereby certify that the Name (Printed/Typed))	correct						
-	$\mathcal{L}^{ ext{Bonnie}}$	Atwater	1 1	I fue	egulatory T	'ech			
-	Signature Don	nu C	town	<u> </u>	11/7/05		<u> </u>		
=		THIS SPA	ACE FOR I	EDERAL OR S	TATE OFFICE	USE			
_	Approved by Conditions of approval, if any, certify that the applicant holds which would entitle the applica	legal or equitable title at to conduct operation	to those rights in as thereon.	loes not warrant or the subject lease	ffice	SOK PECO	Pate ANDOCD department or agency of the		
-	Title 18 U.S.C. Section 1001 and States any false, fictitious or fra	Title 43 U.S.C. Section udulent statements or	1212, make it a representations	crime for any person kr s to anymatter within it	owingly and willfully jurisdiction.	dinake to any	department or agency of the	United	
=	(Instructions on page 2)								

WELL NAME: CC Fed. #5 LOCATION: Sec. 9 T185 R27E "K"	FIELD AREA: NE Bed Lake
	2310 FSL + 1650 FWL
GL: <u>353/</u> ' ZERO:' AGL:'	0.0.0.110
KB: ORIG. DRLG./COMPL. DATE:	CASING PROGRAM: SIZE/WT./GR./CONN. DEPTH SET
COMMENTS: <u>APT # 30-015-34163</u>	854 24# J-55 118h
	"c" Tail cirl 15% 345.
	5+ 1559-17# 5-35 3334
125 =hole	CM+. Thru DV Tool & 2000
8 = 34 = 0 1/81	5+g. I 325 srs. H. (circl)
cm7. m/525 sk	stg II 420 str. H (circl)
cm7. m/525 sk.)
1190	
72 //	
27 hole	
55= 1550 1	># J - 55 @ 3334 =
S. Sta TI cost	re-lated)
(c)	re-lated)
	-)
A D	
	200 srs, "H" "
3+g, ## EM	1. w/200 sts."H" =
DV 700/020	00
CAT 0 2050	
1 Parts 2146	- 2226
[]	
	:
M	
	1
Stg. I cont.	n/325 5x5. "H"
1	clulated.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CTAP DOSE	of capped w/35 cm+,
1 CIN 6 300	capped w/ 3 cm+,
3269 PATO	
3334	