

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-101
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address SDX Resources, Inc. PO Box 5061 Midland, TX 79704 915/685-1761		OGRID Number 020451
Property Code 28535		API Number 30 - 0 15-20586
Property Name Welch RL State		Well No. 10

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
E	28	17S	28E		1810	North	790	West	Eddy

Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
Proposed Pool 1 Artesia, GL-YE					Proposed Pool 2				

Work Type Code P	Well Type Code O	Cable/Rotary R	Lease Type Code S	Ground Level Elevation 3641
Multiple No	Proposed Depth 9915	Formation GL-YE	Contractor Basic	Spud Date 02-15-03

Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
	*11-3/4"	47#	349	300 sx - Circ	
	*8-5/8"	24#	2106	725 sx - Circ	
	*5-1/2"	17-15.5#	10324	450 H + 200 H	Calc 5550
	*EXISTING				

Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

TOH & test tbg to 5000# above the slips. Run CBL-GR-CCL (7500-1900) to determine TOC. Perf 8 squeeze holes above TOC. TIH w/pkr & set ~100' above squeeze holes. Test backside. Establish circ. Squeeze a 5-1/2" annulus. Perf Upper Yeso 2 spf: (~32 holes). Acidize w/3000 gal of 15% NEFE @ 3-4 bpm. Flow back & swab test zone. Acidize zone down tbg @ 2 bpm w/10000 gal heated 20 HCL acid w/15600 gal of 40# linear gel pad pumped in stages followed by 5000 gal 15% cool down acid. Pump back load.

NOTE: Formerly State Federal Com #1

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

Signature: Bonnie Atwater

Printed name: Bonnie Atwater

Title: Regulatory Tech

2/5/03

Approved By:

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date:

FEB 17 2003

Expiration Date:

FEB 17 2004

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Revised October 18, 1994
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Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name Artesia, GL-YE	
4 Property Code 28535		5 Property Name Welch RL State			6 Well Number 10
7 OGRID No. 020451		8 Operator Name SDX Resources, Inc.			9 Elevation

10 Surface Location

UL or lot no. E	Section 28	Township 17S	Range 28E	Lot Idn	Feet from the 1810	North/South line North	Feet from the 790	East/West Line West	County Eddy
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11 Bottom Hole Location If Different From Surface

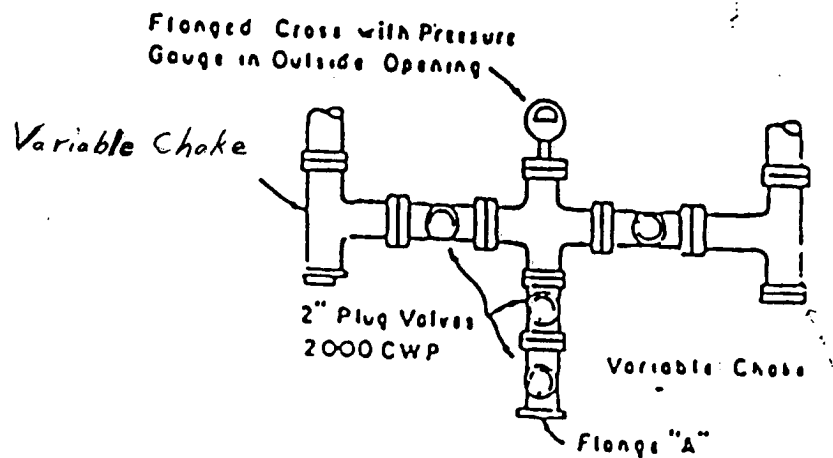
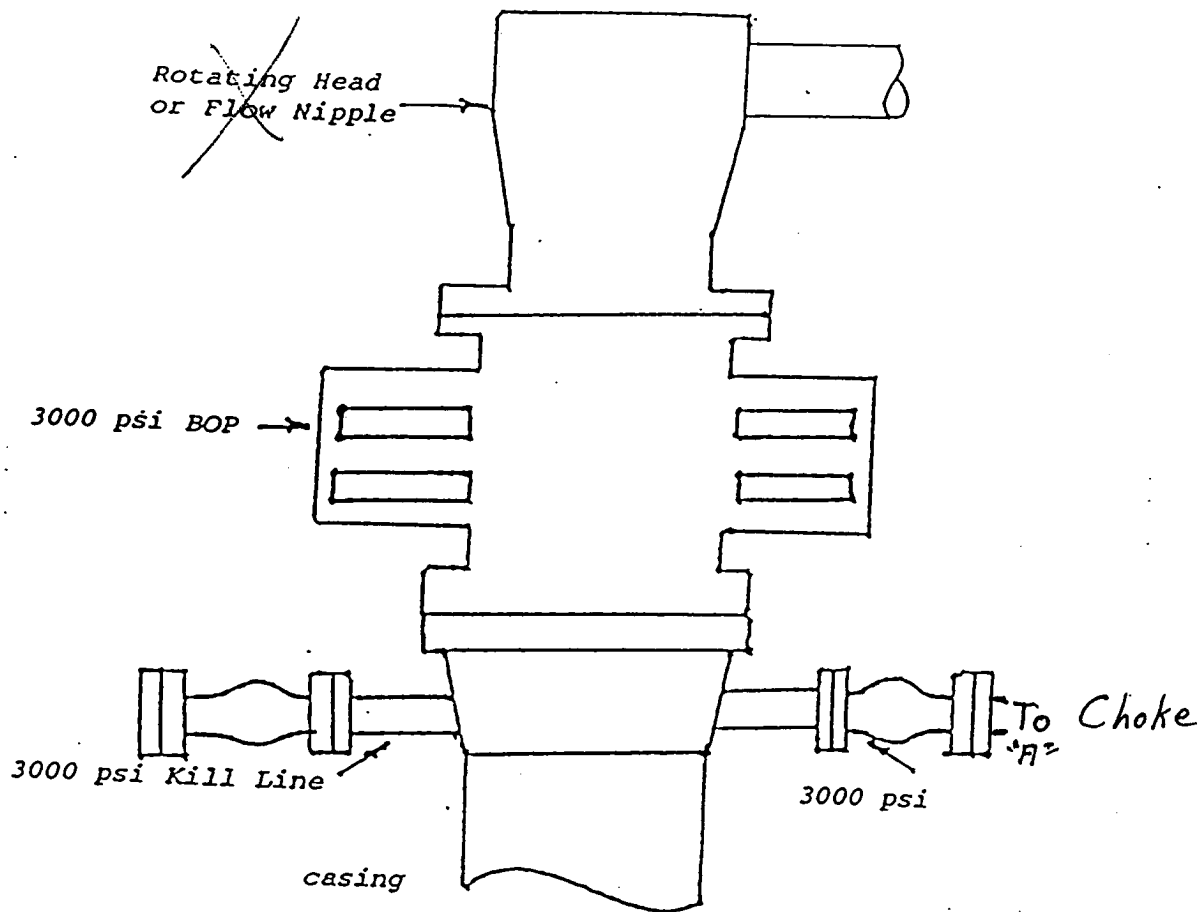
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
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12 Dedicated Acres 40	13 Joint or Infill	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>16</p>	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p>Signature <u>Chuck Morgan</u></p> <p>Printed Name <u>Chuck Morgan</u></p> <p>Title <u>Engineer</u></p> <p>Date <u>2/5/03</u></p>			
	<p>18 SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey _____</p> <p>Signature and Seal of Professional Surveyer: _____</p> <p>Formerly State Federal Com #1</p> <p>Original plat on file.</p> <p>Certificate Number _____</p>			

Blow Out Preventor Schematic



PLAN VIEW-CHOKE MANIFOLD