

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

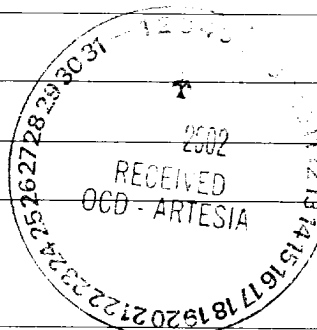
Oil Cons. *c15P*
N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC-064050

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator
SDX Resources, Inc.
3. Address and Telephone No.
PO Box 5061, Midland, TX 79704 915/685-1761
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
530' FNL 1650' FEL
Sec 26, T17S, R27E, Unit B



6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.
Trigg Federal #1
9. API Well No.
30-015-30956
10. Field and Pool, or Exploratory Area
Red Lake, GL-YE, NE
11. County or Parish, State
Eddy Co., NM

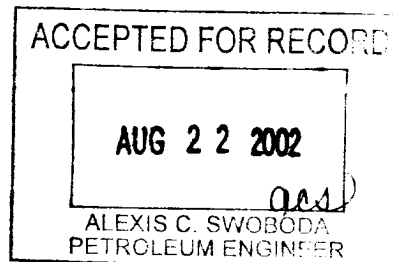
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRU & TOH w/rods & pump. NU BOP. TOH w/2-3/8" tbg. Set CIBP @ 3150' & cap w/appx 4 sx cmt (35'). Set CIBP @ 2000'.
Circ hole clean w/2% KCL, test csg, BP, & BOP to 1000# & TOH.
Perf 1 spf: 1694-98, 1717-21, 1725-27, 1734-38 (18 holes).
TIH w/pkr & spot acid across perms. Acidize all perms w/3000 gal 15% NEFE acid w/40 balls @ 4 bpm.
Flow back acid & swab test zone.
Frac well w/40000 gal Viking 25 frac w/65000# 16/30 & 25000# 12/20 Brady sd @ 30 bpm: 1-5 ppg.
Clean out well w/2% KCL to PBTD & put well on pump.



14. I hereby certify that the foregoing is true and correct

Signed Bonnie Ottwater Title Regulatory Tech Date 08/19/02
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side