

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N IL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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.

P.O. BOX 5061 MIDLAND, TX 79704 (915) 685-1761

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1310' FNL & 1350' FEL SEC 10 T18S R28E

UNIT B

ELEVATIONS: 3619GR

5. Lease Designation and Serial No.

MN54184

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

DUNN B. FED #34

9. API Well No.

30-015-28009

10. Field and Pool, or Exploratory Area

ART-ON-GB-SA

11. County or Parish, State

EDDY, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

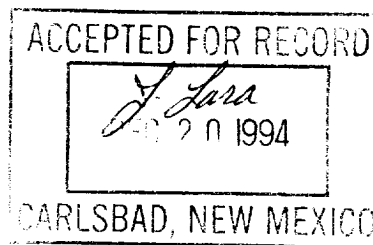
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SPUD AND SURFACE CSG.
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

8/4/94 SPUD WELL 01:30 MST.
DRILLED 12 1/4" HOLE 0-390'
RUN 12 JTS. 8 5/8" J-55 24# CSG.
AND SET AT 388'.
CEMENT WITH 350 SXS. "C" WITH 2% CACL
PLUG DOWN 08:00 MST. 8/4/94
W.O.C. 18 HOURS. CIRCULATED 13 SACKS.
TEST BOP & CASING TO 1000 # FOR 30 MINUTES & HELD FINE



BLM NOTIFIED PRIOR TO ABOVE OPERATIONS

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

Signed [Signature] Title VICE PRESIDENT Date 12/1/94

(This space for Federal or State office use)

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