

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
Designation and Serial No.  
NM-97122

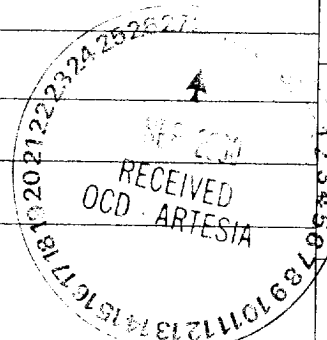
SUNDRY NOTICES AND REPORTS ON WELLS

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)  
990' FNL 2310' FWL, Lot 3  
Sec 5, T18S, R27E, Unit C

6. If Indian, Allottee or Tribe Name  
7. If Unit or CA, Agreement Designation  
8. Well Name and No.  
Chalk Federal #5  
9. API Well No.  
30-015-29650  
10. Field and Pool, or Exploratory Area  
Red Lake, QN-GB-SA  
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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input 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.)

Amend cement on surface csg (2250' , 8-5/8" , 24#) from 600 sx Cl C to 200 sx Cl C w/2% CaCl & 1/4#/sx flocele tail behind 375 sx 35/65 POZ C w/6% gel (12.8 ppg slurry) with 1/4#/sx flocele.

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

Signed Bonne Otterwater

Title Regulatory Tech

Date 09/18/00

(This space for Federal or State office use)

Approved by (ORIG. SGD.) GARY GOUBLET

Title PETROLEUM ENGINEER

Date SEP 25 2000

Conditions of approval, if any: