## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT

CONDITIONS OF APPROVAL, IF ANY:

## OIL CONSERVATION DIVISION

| Form C-103<br>Revised 1-1-89 | 9F |
|------------------------------|----|
|------------------------------|----|

| P.O. Box 1980, Hobbs, NM 88240   | 2040 Pacheco St.<br>Santa Fe, NM 87505        |          |  | WELL API NO.<br>30-015-29651          |                    |            |  |
|--|---|----------|--|---------------------------------------|--------------------|------------|--|
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210   | <u>II</u>                                     |          |  |                                       | STATE              | FEE        |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410   |   |          |  | ₀State Oil & Gas Leas                 | se No.             |            |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.) |   |          | 7Lease Name or Unit Agreement Name Chalk Federal |                                       |                    |            |  |
| Type of Well: OIL GAS WELL WELL  | OTHER   |          |  |                                       |                    |            |  |
| 2Name of Operator<br>SDX Resources, Inc.   |   |          |  | ⊮Well No.<br>6                        |                    |            |  |
| Address of Operator PO Box 5061, Midland, TX 7970  | 04  |          |  | ∘Pool name or Wildca<br>Red Lake, QN- |                    |            |  |
| 4Well Location Unit Letter C 330   | Feet From The North                           |          | Line and1650                                     | Feet From The                         | West               | Line       |  |
| Section 5  | Township 18S                                  |          | tange 27E  | NMPM                                  | Eddy               | County     |  |
|  | 10Elevation (Show whethe<br>3465              | er DF, F | RKB, RT, GR, etc.                                |                                       |                    | 2.3        |  |
| 11 Check   | Appropriate Box to Indicate                   | e Na     |  |                                       |                    |            |  |
| NOTICE OF INTENTION TO: SUBS   |   |          | SEQUENT RE                                       | PORT OF:                              |                    |            |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                              |          | REMEDIAL WORK                                    |                                       | ALTERING CASIN     | G          |  |
| TEMPORARILY ABANDON  | CHANGE PLANS                                  |          | COMMENCE DRILLING O                              | PNS.                                  | PLUG AND ANBAN     | DONMENT    |  |
| PULL OR ALTER CASING   |   |          | CASING TEST AND CEM                              | ENT JOB                               |                    |            |  |
| OTHER:   |   |          | OTHER:   |                                       |                    |            |  |
| 12Describe Proposed or Completed Operat<br>work) SEE RULE 1103.  | tions (Clearly state all pertinent details, a | nd give  | pertinent dates, including e                     | stimated date of starting             | any proposed       |            |  |
| Spud 12-1/4" hole on 6/13/01. D<br>WOC total of 19-1/4 hrs.  |   |          |  |                                       |                    |            |  |
| Start drig 7-7/8" hole. Drill to TD 125 sx.  | 3393'. Reached TD 5:30 am 6/2                 | 21/01    | . Run 83 jts J-55 5-1/3                          | 2" csg. Set @ 3383                    | 3'. Cmt w/800 sx ( | CI C. Circ |  |
| Release Rig 6/21/01  |   |          |  | 189 1011 12 73                        | 20                 |            |  |
|  |   |          | 45   | 189 1011 12 73                        | 10 15 16 T         |            |  |
|  |   |          | 31-125   | RECEIVED<br>OCD - ARTESIA             | 1818/              |            |  |
| I hereby certify that the information abov   | e is true and complete to the best of my      |          | ,  |                                       |                    |            |  |
| SIGNATURE Somme  | theater                                       | TI       | TLE Regulatory Tech                              | <u> </u>                              | DATE 10-11-        | 01         |  |
| TYPE OR PRINT NAME Bonnie Atwate   | er /  |          |  |                                       | тецерноме мо. 91   | 5/685-1761 |  |
| (This space for State Use)   | <b>3</b> /1                                   |          |  |                                       | QCI                | 16 2001    |  |
| APPROVED BY LCC  | In 14-Fed adell                               | TI       | ITLE   |                                       | DATE               |            |  |