Submit 3 Copies to Appropriate District Office

State of New Mexico Ene: , Minerals and Natural Resources Department

Form (>-103	
Revise	d 1-1-8	

District Office		Ene:, Min	erais and Naturai	Resources D	epartment		Re	evised 1-1-80	>
DISTRICT P.O. Box 1980, Hobbs, NM 88	3240	OIL CO	NSERVAT 2040 Pacheco S		SION	WELL API NO.		<u></u>	<u>0</u>
DISTRICT II		Santa Fe, NM	87505		30-015-02205				
P.O. Drawer DD, Artesia, NM	88210			N19262728	રેકે ુું	sindicate Type of Lea			_
DISTRICT III			- 18 18 18 18 18 18 18 18 18 18 18 18 18	↑	- J.	<u> </u>	STATE	FEE	╝
1000 Rio Brazos Rd., Aztec, N	IM 87410		/S	JUN 200	2	₅State Oil & Gas Lea 648	se No.		
SUN (DO NOT USE THIS FO	IDRY NOT	ICES AND RE	PORTS ON W	ELLSECEIVE	D (ပ				
DIFFER	RENT RESER	RVOIR. USE "API	PLICATION FOR P	ERMIT ARTE	CK TO A	7Lease Name or Unit	•	e	
1Type of Well:	(FORM C	-101) FOR SUCH	PROPOSALS	,	· · · · · ·	State 648 AC 8	11		
OIL X	GAS WELL		OTHER	9. No. _{19. v} = 1					
2Name of Operator SDX Resources, Inc.	/					⊮Well No. 73	· · · · · · · · · · · · · · · · · · ·		
Address of Operator PO Box 5061, Midland	TY 70704					Pool name or Wildca			_
•Well Location	, 1 / 79704	·		***		Artesia, QN-GB	-SA		_
Unit Letter B	330	Feet From The	North	Line and _	1650	Feet From The	East	Line	
Section	10	Township	198	Range	28E	NMPM	Eddy	County	
		10Eleva	tion (Show whether D	F, RKB, RT, GR,	etc.				
11	Check Ap	propriate Bo	x to Indicate I	Nature of No	otice Rer	ort, or Other D)ata		1978
		TENTION T				SEQUENT RE			
PERFORM REMEDIAL WORK		PLUG AND	_]					_
TEMPORARILY ABANDON		CHANGE P	· L	REMEDIAL			ALTERING CA		L
PULL OR ALTER CASING		01041021		·	DRILLING OF		PLUG AND ANI	SANDONMENT	_
OTHER:				,	emporarily A	لبسا		!	×
12Describe Proposed or Compl work) SEE RULE 1103.	eted Operations	s (Clearly state all p	ertinent details, and g	ive pertinent dates	s, including est	timated date of starting	any proposed		
Original Perfs: 1962' -	2129'								
Squeezed all perfs and	add new pe	rfs @ 2001 - 20	49'. CIBP @ 197	5' & hole loade	ed w/inert flu	uid.			
5/14/02 - Test csg to 50	0# for 30 m	in. Test witness	ed by NMOCD.						
Chart attached.									
			Tempore unti	7-/3-0	s approved				
I hereby certify that the inform	ation above is t	na and complete to	the best of my know	edge and belief.	· · · · · · · · · · · · · · · · · · ·	·····		/ * 7 /	<u> </u>

I hereby certify that the information above is trae and complete to the best of the signature.	of my knowledge and belief. TITLE Regulatory Tech	6 26 03 DATE 05-21-02
TYPE OR PRINT NAME Bonnie Atwater		TELEPHONE NO. 915/685-1761
(This space for State Use) APPROVED BY	Tild Sep I	JUL 1 2002
CONDITIONS OF APPROVAL IS ANY		DATE - COUL

JUN 2 6 2002

