

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OK
BSC
OP

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JUN 4 1993

C. L. D.

API NO. (assigned by OCD on New Wells)

30-015-2171

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

648

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

SINGLE ZONE ☐

MULTIPLE ZONE ☒

2. Name of Operator

SDX Resources Inc.

8. Well No.

1

3. Address of Operator

P.O. Box 5061 Midland, Tx.

9. Pool name or Wildcat

E. Millman Gn - 66-SA

4. Well Location

Unit Letter

J

: 1650 Feet From The East

Line and

1980

Feet From The South

Line

Section

15

Township

19S

Range

28E

NMPM

Eddy

County

10. Proposed Depth

2750

11. Formation

Gn - 66-SA

12. Rotary or C.T.

Reverse Unit

13. Elevations (Show whether DF, RT, GR, etc.)

3449 GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Beal

16. Approx. Date Work will start

6/18/93

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	12 1/4"	40	420	400	Surface
11	8 5/8"	24.2 32	2800	1500	Surface

Post ID-1
6-18-93
Re-entry

Form: Plan to remove dry hole marker, well Re-entry
Depco Inc.
DHY St. A Com on 8 5/8" collar and drill out surface plug.

#1-J-15-19-28 Will clean out casing to PBD of =
OTD-11,510 2750; run CNL & CBL logs, and perforate
PFA-3-12-76 and treat as necessary for optimum production.
will run 2 7/8" production tbg.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Chuck Morgan

TITLE

Engr.

DATE

6/13/93

TYPE OR PRINT NAME

Chuck Morgan

TELEPHONE NO. (505) 748-9321

(This space for State Use)

APPROVED BY

Mark Kelly

TITLE

GEOLOGIST

DATE

6-15-93

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 12-15-93

UNLESS DRILLING UNDERWAY

Submit to Appropriate
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Fee Lease - 3 copies

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Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
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WELL LOCATION AND ACREAGE DEDICATION PLAT

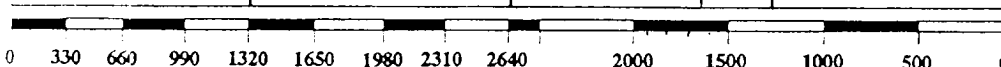
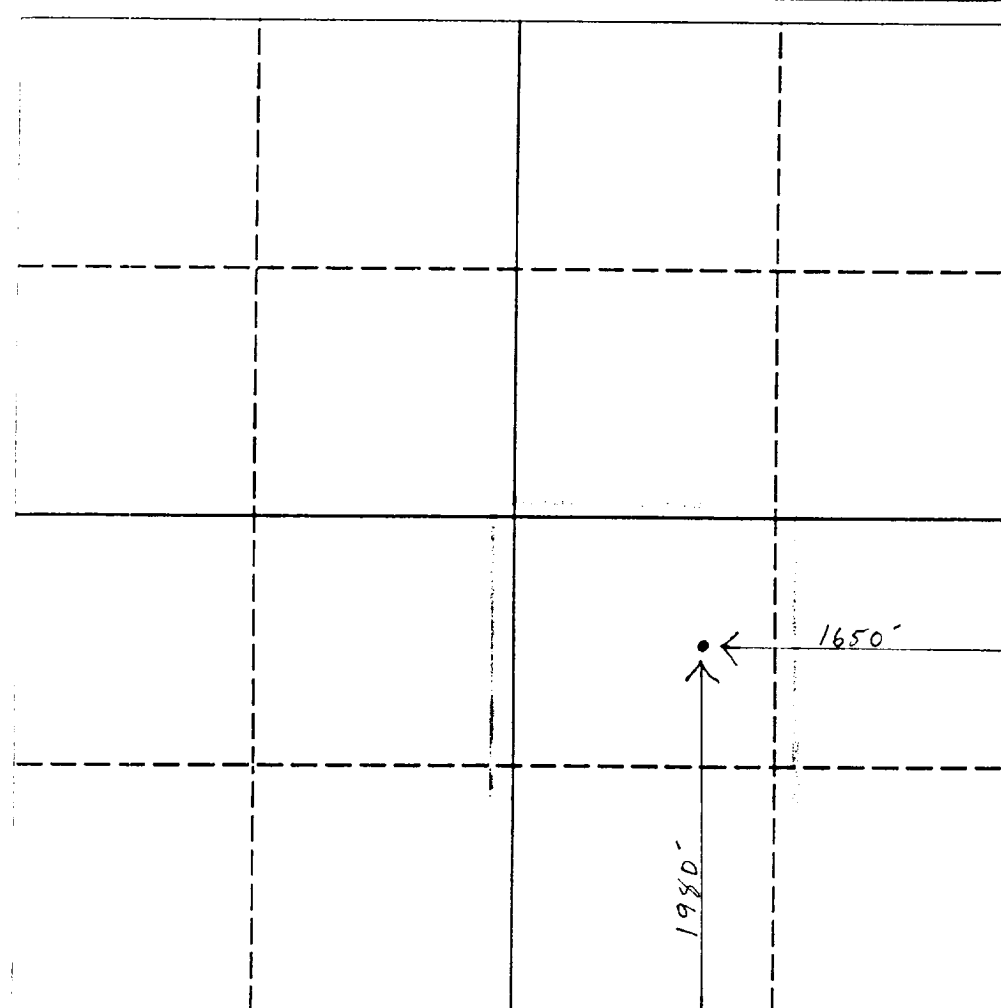
All Distances must be from the outer boundaries of the section

Operator <i>SDR Resources, Inc.</i>			Lease <i>D4V St. A #1</i>		Well No. <i>1</i>
Unit Letter <i>J</i>	Section <i>15</i>	Township <i>19S</i>	Range <i>28E</i>	County <i>Eddy</i>	
Actual Footage Location of Well: <i>1650</i> feet from the <i>East</i> line and <i>1980</i> feet from the <i>South</i> line					
Ground level Elev. <i>3449</i>	Producing Formation <i>Gn-66-SA</i>		Pool <i>East Millman Gn-66-SA</i>	Dedicated Acreage: <i>40</i> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
Chuck Morgan
Printed Name
Chuck Morgan
Position
Eng.
Company
SDR Resources
Date
6/13/93

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
Signature & Seal of Professional Surveyor
Certificate No.

