State of New Mexico Energy, Minerals and Natural Resources Department

m C-103 vised 1-1-89

CONDITIONS OF APPROVAL, IF ANY:

215 P	Fon Rev
"	

DISTRICT I	OIL CONSERVAT	ION DIVISION		4	_
P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco S	St.	WELL API NO.		
DISTRICT II	Santa Fe, NM	87505	30-015-27307		╝
P.O. Drawer DD, Artesia, NM 88210			sindicate Type of Le		į
DISTRICT III				STATE FEE	╝
1000 Rio Brazos Rd., Aztec, NM 87410			State Oil & Gas Lea	ise No.	
0.10.000					
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPE	ES AND REPORTS ON W	ELLS EN OR BUILG BACK TO A		is to recession to be a second	
DIFFERENT RESERVO	DIR. USE "APPLICATION FOR P		7Lease Name or Uni	it Agreement Name	-
	1) FOR SUCH PROPOSALS.)		State BN		Ì
Type of Well:					
WELL WELL	OTHER				4
2Name of Operator SDX Resources, Inc.			⊮Well No. 5		
Address of Operator			Pool name or Wildo	at	┨
PO Box 5061, Midland, TX 79704			E Millman QN-0	GB-SA	
4Well Location				· · · · · · · · · · · · · · · · · · ·	٦
Unit Letter O 1265 Fe	et From The South	Line and1330	Feet From The	East Line	١
44	400	205		-	
Section 11	Township 19S	Range 28E	NMPM	Eddy County	_
	3420 GR	ir, KKB, KT, GK, etc.			
	ennista Davita Indianta I	Matura of Nation Day		1—————————————————————————————————————	
Опеск Аррі	opriate Box to Indicate i		•		
NOTICE OF INTE	ENTION TO:	SUBS	SEQUENT RE	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	٦
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS.	PLUG AND ANBANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEME			
		SAGING 1201 AND GENIE		_	_
OTHER:		OTHER:			
12Describe Proposed or Completed Operations (C	Glearly state all pertinent details, and g	rive pertinent dates, including es	timated date of starting	any proposed	_
work) SEE RULE 1103.					
Presently:					
8-5/8" csg @ 438'					
5-1/2" 14# csg @ 2349'					
Perfs: 2070-2159, 1793-1826				3031-123	
Felis. 2070-2159, 1795-1820				123	
Propose to TA well with CIBP @ 1750	'. Load hole w/inert pkr fluid. T	est csg to 500# for 30 mi	n.	₩ Selven	
				14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				2/4	
				and de	
wast Commence	A +2 street Al.	min Dage Ti	C /	443	
Thereby certify that the information above is true	and complete to the heat of my large	SAINE UPERIALION) /		
i neleby ceruly that the information above 19 true					
SIGNATURE DOTTON (1)	maur	Regulatory Tech		DATE 01-30-01	
TYPE OR PRINT NAME Bonnie Atwater				TELEPHONE NO. 915/685-1761	
(This space for State Use)					=
(speec to care coe)					
APPROVED BY March (Shillipiell		TITLE FIELD Ren. #		DATE 2/12/2001	