Submit to Appropriate District Office

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

| State Lease — 6 copies Fee Lease — 5 copies   | •••  |   |              | •           |  | Revised 1-1-89     | U             |  |
|---|--|---|--------------|-------------|--|--------------------|---------------|--|
| DISTRICT I<br>P.O. Box 1980, Hobbe, NM 88240 OIL CONSERVATION DIVISION<br>P.O. Box 2088 |  |   |              |             | API NO. (assigned by OCD on New Wells) 30-015-2776-3 |                    |               |  |
| DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210           |  |   |              |             | Type of Lease  | ATE X FEE [        | $\exists$     |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410                                    |  |   |              |             | 6. State Oil & Gas Lease No. E-5136                  |                    |               |  |
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK                                   |  |   |              |             | mmm  |                    |               |  |
| 1a. Type of Work:   | ON FOR PERMIT TO   | DURILL, DEEPEN, O                                       | R PLUG BACK  |             |  |                    | ///           |  |
| DRILL X RE-ENTER DEEPEN PLUG BACK D. Type of Well:                                      |  |   |              |             | ame or Unit Ag                                       | reement Name       |               |  |
| OIL GAS SINGLE MULTIPLE ZONE X ZONE X ZONE X  |  |   |              |             | AR State   |                    |               |  |
| i   |  |   |              |             | ),   |                    |               |  |
| SDX Resources, Inc. '  3. Address of Operator   |  |   |              |             |  |                    |               |  |
| 1   |  |   |              |             | me or Wildcat  |                    |               |  |
| P. O. Box 5061, Midland, Texas 79704  |  |   |              |             | illman-Q-  | -GR-SA             |               |  |
| 4. Well Location Unit Letter F  | : 1650 Feet Fro  | om The North  | Line and     | 1650 Fee    | t From The   | West               | Line          |  |
| Section   | 23 Townsh  | ip 19 South Ran   | ige 28 East  | ND CDL      | raa.   |                    | İ             |  |
|   |  |   |              | NMPM        | Eddy   | 7 Count            | 777           |  |
| 10. Proposed Depth 11. I  |  |   |              |             |  | 12. Rotary or C.T. | 224           |  |
|   |  | 300   | 3000'        |             | rayburg Rotary                                       |                    |               |  |
|   |  | 4. Kind & Status Plug. Bond 15. Drilling Contracto      |              |             | 16. Approx. Date Work will start                     |                    | $\overline{}$ |  |
| 3400' Ground  |  | Blanket   | Capstar      |             |  | per 6, 1993        |               |  |
| 17.   |  | OPOSED CASING AN  | ID CEMENT PR | OGRAM       |  |                    |               |  |
| SIZE OF HOLE  | SIZE OF CASING   | WEIGHT PER FOOT   | SETTING DEPT | TH SACKS C  | F CEMENT   | EST. TOP           |               |  |
| 12 1/4"   | 8 5/8"   | 24#   | 350' +/-     | 300.        |  | Surface            |               |  |
| 7 7/8"  | 5 1/2"   | 15.5#   | 2950' +/-    | 300         |  | Surface            |               |  |
|   |  |   |              |             |  |                    |               |  |
| Circulate "C  | 1 12 1/4" hole to the common term of the common ter | to approximately<br>1 7 7/8" hole to<br>g and circulate | TD. Run ope  | en hole loa | s (LDT-CN  | JT.—GR             |               |  |

Queen-Grayburg and stimulate as necessary for optimum production.

IA-1 12-10-93 MYDT 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. QIVE BLOWOUT PREVENTER PROGRAM, IF ANY. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE \_12-03-93 TYPEOR PRINT NAME Rebecca J. Robinson TELEPHONE NO. (This space for State Use)