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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 3001523514

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. VA - 805

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: STATE JB COMM

2. Name of Operator: SDX RESOURCES, INC.

8. Well No. #1

3. Address of Operator: P. O. BOX 5061, MIDLAND, TX 79704

9. Pool name or Wildcat: WILDCAT - DELAWARE

4. Well Location
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 32 Township 23-S Range 28-E NMPM EDDY County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6125	DELAWARE	REVERSE UNIT

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3113 GR	STATEWIDE	N/A	7-1-93

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
~~20"~~	~~16"~~	~~65#~~	~~426~~	~~420~~	
~~14 3/4"~~	~~10 3/4"~~	~~51#~~	~~2444~~	~~2850~~	
~~9 1/2"~~	~~7 5/8"~~	~~33.7 & 39#~~	~~9654~~	~~2150~~	~~3250' TEMP SURVEY~~

Amoco cut & pulled 7 5/8" csg at 2395'. Spotted 70 sx of cement across cut. Tagged top of plug at 2212'.

Note: CLBP set at 6173' with 25 sx of cement on top. (Will not drill out on re-entry)

See attached Amoco report.

180 DAYS
12/16/93

Post ID-1
6-18-93
Re-entry
Former: Collins & Ware
Amoco St JB #1
OTD: 13,060
PKR: 6-22-82

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 Barbara E. Wickham TITLE PROD. ANALYST DATE 05-14-93

BARBARA E. WICKHAM
TYPE OR PRINT NAME

685-1761
TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: