

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

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

AUG - 2 1993

API NO. (assigned by OCD on New Wells)

30-015-27621

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

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 ☐

7. Lease Name or Unit Agreement Name

Arco State 26-3

2. Name of Operator

SDX Resources, Inc. ✓

8. Well No.

3

3. Address of Operator

Post Office Box 5061, Midland, Texas 79704

9. Pool name or Wildcat

Artesia-Q-GR-SA

4. Well Location

Unit Letter D : 990 Feet From The N Line and 330 Feet From The W Line

Section 26 Township 17S Range 28E NMPM Eddy County

10. Proposed Depth

3500' +/-

11. Formation

GR-SA

12. Rotary or C.T.

Rotary

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

3597' Grd.

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Capstar

16. Approx. Date Work will start

August 15, 1993

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	350' +	300	Surface
7 7/8"	5 1/2"	15.50#	3500' +/-	300	Surface

Plan to drill a 12 1/4" hole to approximately 350' and set 8 5/8" surface casing. Circulate "C" cement. Drill 7 7/8" hole to TD. Run open hole logs (LDT-CNL-GR and DLL). Run 5 1/2" casing and circulate 50/50 POZ "C" cement. Perforate the Grayburg-San Andres and stimulate as necessary for optimum production.

Mud Program: Fresh water mud 0' - 350'.

Salt water mud 350' - TD.

APPROVAL VALID FOR 180 DAYS
EXPIRES 2-3-94
UNLESS DRILLING UNDERWAY

IO-1
8-2-93
NCE API

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 Rebecca Robinson TITLE Agent DATE 8-2-93

TYPE OR PRINT NAME Rebecca Robinson TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE AUG - 3 1993

CONDITIONS OF APPROVAL, IF ANY: