

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30 015 27766

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
648

7. Lease Name or Unit Agreement Name

EAST MILLMAN
9832

8. Well No.
#223

9. Pool name or Wildcat
E. MILLMAN-Q-G-SA 46555

SUNDRY NOTICES AND REPORTS OF
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REEVEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
SDX RESOURCES, INC.

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

4. Well Location
Unit Letter O : 330 Feet From The SOUTH Line and 1330 Feet From The EAST Line

Section 14 Township 19-S Range 28-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3393 G.L.

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: SURFACE & PRODUCTION CASING ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4/19/94 - SET 8 5/8", 24.0# SURFACE CASING @ 381'. CEMENT W/350 SX "C".
PLUG DOWN @ 11:30 PM MST. WOC 18 HRS.

4/29/94 - SET 5 1/2", 15.50 # PRODUCTION CASING @ 2674'. CEMENT W/300 SX
50/50 POZ, 675 SX "LITE". PLUG DOWN @ 10:00 AM MST.

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

SIGNATURE John Pool TITLE VICE PRESIDENT DATE 01-26-95
TYPE OR PRINT NAME JOHN POOL TELEPHONE NO. 685-1761

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 31 1994