

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-02251

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

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

Lease Name or Unit Agreement Name
East Millman Unit

Well No.
149

Pool name or Wildcat
Millman, YT-7R, East (46555)

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator
SDX Resources, Inc.

Address of Operator
PO Box 5061, Midland, TX 79704

Well Location
Unit Letter B 660 Feet From The North Line and 1980 Feet From The East Line
Section 14 Township 19S Range 28E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

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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: ☐

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

Casing Condition:

10-3/4" @ 423' w/75 sx. TOC calc @ surf
4-1/2" @ 2287' w/300 sx. TOC est @ 900'
Perfs: 1818' - 2112'

Propose to TA as follows:

Set CIBP @ 1750'. Circ & test. If csg test will circ, inhibited fl & run chart to TA well.

Test csg. to 500' per 5' in for 30 min - Chart test.

If not well as follows:

If well does not pass submit an intent to P/A As Per 202.A.(1)

Circ hole w/mud laden fl. Spot 10 sx on top of plug. Cut & pull 4-1/2" from 900' if possible. Spot 25 sx plug 950' - 850'. Spot 35 sx plug 473' - 373'. Spot 10 sx surf plug. Install marker & clean location.

Give CCD Notice 24 Hrs Prior to Any work

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

SIGNATURE

Bonnie Atwater

TITLE Regulatory Tech

DATE 08-25-01

TYPE OR PRINT NAME Bonnie Atwater

TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Field Rep ID

DATE 8-29-01

CONDITIONS OF APPROVAL, IF ANY.