

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. 30-015-02296
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	Lease Name or Unit Agreement Name Malco State
Name of Operator SDX Resources, Inc.	Well No. 1
Address of Operator PO Box 5061, Midland, TX 79704	Pool name or Wildcat Millman, YT-7R, East (46555)
Well Location Unit Letter D 660 Feet From The North Line and 660 Feet From The West Line Section 23 Township 19S Range 28E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3418	

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 ANBANDONMENT ☐
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" @ 284' w/75 sx. TOC Calc @ Surf
4-1/2" @ 1938' w/250 sx. TOC est @ 900'
CIBP @ 1250'
Perfs: 1132-46'

Propose to P&A as follows:

TIH & spot 25 sx plug @ 1250' - 900'. Tag plug. Cut & pull 4-1/2" if possible. TIH & spot 50 sx plug 334' - 234'. Set 1 1/2" surf plug. Install marker & clean location.

Place 50' cement on top of stub @ 900' - TAG

TAG

RECEIVED
OCD - ARTESIA

Give OCD 24 Hrs Notice 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 _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY