State of New Mexico Form C-103 Submit 3 Copies E. .. rgy, Minerals and Natural Resources Departmein. Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 N/A Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE L DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 647 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) East Millman Unit 1. Type of Well: GAS WELL MEIL X OTHER FFR - 3 1001 2. Name of Operator 8. Well No. 202 SDX RESOURCES, INC 9. Pool name or Wildcat 3. Address of Operator P. O. BOX 5061, MIDLAND, TX 79704. Well Location E. Millman-O-G-SA Line and Q () ___ Feet From The East_ Line Unit Letter H: 1980 Feet From The North ship 19-S Range 8-E. 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County NMPM EDDY Township 19-S Section 3382 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Re-entry OTHER: OTHER: 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. Remove dry hole marker and weld on 9 5/8" csg stub. 9/02/93 9/03-9/08-93 Drill cement plugs and cement retainer with 8 5/8" bit, surface to 2601'. Test csq. Perforate 25 holes: 2078, 79, 83, 96, 98, 2138, 40, 93, 97, 2220, 21, 37, 45, 48, 57, 62, 75, 81, 91, 2314, 58, 63, 2438, 44, 48. Acidize well with 3,000 gal of NEFE 15% acid. Frac with 40,000 gal X/L gel with 1,000 sx 12/20 Brady sand.

Run tubing, rods and pump. Begin pumping back load.

TITLE

Prod. Analyst

01 - 17 - 94

685-1761

3 1994

DATE -

TELEPHONE NO.

FEB

I hereby certify that the information above is

Barbara E.

Wickham

SUPERVISOR, DISTRICT II

9/12/93

SIGNATURE -

TYPE OR PRINT NAME

(This space for State Use)