

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

RECEIVED

APR 09 1993

WELL API NO. 30-015-27296
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 648
7. Lease Name or Unit Agreement Name East Millman
8. Well No. 192
9. Pool name or Wildcat E Millman-Q-G-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3424 GR

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

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator SDX RESOURCES, INC.
3. Address of Operator P.O. BOX 5061, MIDLAND, TX 79704	4. Well Location Unit Letter N : 1330 Feet From The West Line and 10 Feet From The South Line Section 14 Township 19-S Range 28-E NMPM EDDY County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

02-25-93 TD well at 2645' and run open hole logs. Ran 86 jts of 5 1/2", 14#, J-55 csg set at 2638'. Cemented with 300 sx 50/50 PPZ with 3# salt and 3# Halad 322 and 375 sx Lite with 6# salt and 1/4 sx Flocele. Plug down at 11:15 a.m., MST, 2-26-93. Pressure tested casing at 1000 PSI for 30 min. Held okay.

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

SIGNATURE Barbara E. Wickham TITLE Prod. Analyst DATE 03-22-93

TYPE OR PRINT NAME Barbara E. Wickham TELEPHONE NO. 685-1761

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS DATE APR 14 1993

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: