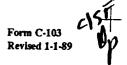
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



OH CONCEDUATION DIVISION

ELL API NO.	
30-015-27301	

P.O. Box 1980, Hobbs, NM 88240	PO Box 201	88 RECEIVED	WELL API NO.
DISTRICT II	Santa Fe, New Mexico		30-015-27301
P.O. Drawer DD, Artesia, NM 88210	2 0,2 10 11 21 20 20 20	APR 0 9 1993	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		C. L. D.	6. State Oil & Gas Lease No. 648
SUNDRY NOT	ICES AND REPORTS ON WEL	LLS	
	OPOSALS TO DRILL OR TO DEEPEN		7. Lease Name or Unit Agreement Name
	RVOIR. USE "APPLICATION FOR PE 1-101) FOR SUCH PROPOSALS.)	HMI I	East Millman
1. Type of Well:			Last Milliman
OIL X GAS WELL	OTHER		
2. Name of Operator	· · · · · · · · · · · · · · · · · · ·		8. Well No.
SDX RESOURCES, INC	•		195
3. Address of Operator			9. Pool name or Wildcat
P. O. BOX 5061, M	IDLAND, TX 79704		E Millman-Q-G-SA
4. Well Location		1375	
Unit Letter K : 250)6 Feet From The West	Line and <u>1372</u>	Feet From The South Line
Section 14	Township 19-S Ra	20 п	NAME OF THE PARTY
Section 14	Township 19-S Ra		NMPM EDDY County
	3404 GR		
11. Check	Appropriate Box to Indicate 1	Nature of Notice, Re	eport, or Other Data
NOTICE OF IN			SEQUENT REPORT OF:
NOTICE OF IN	ENTION TO.	305	OEGOEITI NEI OITI OI .
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. 🙀 PLUG AND ABANDONMENT 🗌
LL OR ALTER CASING CASING TEST AND CEMENT JOB		MENT JOB	
OTHER:		OTHER:	
12. Describe Proposed or Completed Operawork) SEE RULE 1103.	sions (Clearly state all pertinent details, an	d give pertinent dates, includ	ding estimated date of starting any proposed
03-12-93 Spudded	and drilled 400' of	f 12 1/4" hole	e. Ran 10 jts of 8 5/8",
	5 csq set at 390'.	Cemented wit	th 350 sx Class "C" and
circulated 80 sx. Pressure tested casing at 1000 PSI for 30 min.			
Held oka	y. WOC for 18 hours	3.	,
			•
I have questify the transfer there is to	a and complete to the heat of my brosuledge and	helief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Prod. Analyst DATE 03-22-93			

TELEPHONE NO. 685-1761 TYPEORPRINT NAME Barbara E. Wickham ORIGINAL SIGNED BY (This space for State Use) APR 1 4 1993 MIKE WILLIAMS SUPERVISOR, DISTRICT IT - DATE -

— TITLE —

APPROVED BY-