Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

C151 Op

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-27302

5 Indicate Type of Lease: STATE ☒ FEE ☐

6 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.)

7 Lease Name or Unit Agreement Name: East Millman Unit

1 Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

8 Well No. 196

2 Name of Operator: SDX Resources, Inc.

9 Pool name or Wildcat: Millman, QN-GB-SA, East

3 Address of Operator: PO Box 5061, Midland, TX 79704

4 Well Location: Unit Letter L 2630 Feet From The South Line and 10 Feet From The West Line

Section 14 Township 19S Range 28E NMPM Eddy County

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

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☒	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ANBANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
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.

Present Condition:

5-1/2" 14#, J-55 csg @ 2650'.
Top Perf: 2058'

Propose to TA well be setting a CIBP @ 1980'.
Circ. Csg w/ Inert fluid
Pressure test csg to 500# per SB/FW for 30 min
Chart Test
Give OCD Notice 24 HRS Prior to Any work

AUG 2001
RECEIVED
OCD - ARTESIA

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 08-24-01

TYPE OR PRINT NAME Bonnie Atwater TELEPHONE NO. 915/685-1761

(This space for State Use)

APPROVED BY JSH TITLE Field Rep II DATE 8-29-01

CONDITIONS OF APPROVAL, IF ANY: