

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CIBP
OK

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-27302
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name East Millman Unit
Well No. 196
Pool name or Wildcat Millman, QN-GB-SA, East

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
Name of Operator SDX Resources, Inc. ✓
Address of Operator PO Box 5061, Midland, TX 79704
Well Location Unit Letter <u>L</u> <u>2630</u> Feet From The <u>South</u> Line and <u>10</u> Feet From The <u>West</u> Line Section <u>14</u> Township <u>19S</u> Range <u>28E</u> NMPM <u>Eddy</u> County
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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Temporarily Abandon</u> <input checked="" type="checkbox"/>

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.

12/13/01 - LD rods & pmp. Set CIBP @ 1980'. Circ inert pkr fl & LD tbg. Pressure test csg to 500# for 30 min.
Test witnessed by OCD.
Install swedge & TA well.
Chart attached.



Temporary Abandoned Status approved until 12-13-04

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 01-06-02
TYPE OR PRINT NAME Bonnie Atwater TELEPHONE NO. 915/685-1761

(This space for State Use)
APPROVED BY [Signature] TITLE Field Sup DATE JAN 23 2002
CONDITIONS OF APPROVAL, IF ANY:

