State of New Mexico

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department District Office OIL CONSERVATION DIVISION **DISTRICT I** P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. Santa Fe, NM 87505 17 18 19 20 27 30-015-27302 DISTRICT II
P.O. Drawer DD, Artesia, NM 88210 sindicate Type of Lease STATE FEE __ DISTRICT III State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELL'S (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLOOBACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" East Millman Unit (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: MET X OTHER «Well No. 2Name of Operator SDX Resources, Inc. 196 Pool name or Wildcat Address of Operator Millman, QN-GB-SA, East PO Box 5061, Midland, TX 79704 **Well Location** 10 2630 South West Feet From The Unit Letter Feet From The Line and Line 28E Eddy 14 198 Section Township Range **NMPM** County nelevation (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: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK PLUG AND ANBANDONMENT **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: Re-complete 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. CIBP set @ 1980'. MIRU. NU BOP & TIH w/2-7/8" tbg. Circ hole clean w/2% KCL, test csg & BOP to 1000# & TOH. Test tbg to 5000#. Perf 2 spf spiraled: 1820', 22, 24, 79, 81, 83, 85, 1960, 62, 64 (20 holes). TIH w/pkr & spot acid across perfs. Acidize perfs @ 4 bpm w/2500 gal 15% NEFE w/clay master & 40 ball sealers. Flow back acid & swab test zone. TOH w/tool & frac well down the csg w/40000 gal Spectra frac w/65000# 16/30 & 35000# 12/20 Brady sd pumped @ 30 bpm. SI overnight. Flow back frac & TIH. Circ clean to PBTD w/2% KCL. Pump back load. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

(This space for State Use)

SIGNATURE

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE

TITLE Regulatory Tech

AUG 2 8 **2002**

DATE 08-19-02

DATE

TELEPHONE NO. 915/685-1761

CONDITIONS OF APPROVAL, IF ANY

TYPE OR PRINT NAME Bonnie Atwater