

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

WELL API NO. <b>30 015 27351</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>648</b>
7. Lease Name or Unit Agreement Name <b>EAST MILLMAN 9832</b>
8. Well No. <b>#206</b>
9. Pool name or Wildcat <b>E. MILLMAN-Q-G-SA 46555</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3400 G.L.</b>

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	JAN 30 1995
2. Name of Operator <b>SDX RESOURCES, INC.</b>	OIL CON. DIV.
3. Address of Operator <b>P. O. BOX 5061, MIDLAND, TX 79704</b>	DIST. 2

4. Well Location Unit Letter <b>G</b> : <b>2630</b> Feet From The <b>NORTH</b> Line and <b>1310</b> Feet From The <b>EAST</b> Line Section <b>14</b> Township <b>19-S</b> Range <b>28-E</b> NMPM <b>EDDY</b> County
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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: <b>REQUEST</b> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

REQUEST REINSTATEMENT OF APD AFTER CANCELLATION DATED 11/1/94.  
PLEASE SEE APPROVED C-104.

THIS WELL WAS DRILLED AND COMPLETED.

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

SIGNATURE John Pool TITLE **VICE PRESIDENT** DATE **01-26-95**  
TYPE OR PRINT NAME **JOHN POOL** TELEPHONE **685-1761**

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE \_\_\_\_\_ DATE **DEC 1 9 1994**  
CONDITIONS OF APPROVAL, IF ANY: