

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. 30 015 27366
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 648
7. Lease Name or Unit Agreement Name EAST MILLMAN UNIT 9832
8. Well No. #207
9. Pool name or Wildcat E. MILLMAN-Q-GB-SA 46555
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3391 G.L.

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"/>	2. Name of Operator SDX RESOURCES, INC.
3. Address of Operator P. O. BOX 5061, MIDLAND, TX 79704	4. Well Location Unit Letter I : 1400 Feet From The SOUTH Line and 1180 Feet From The EAST Line Section 14 Township 19-S Range 28-E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3391 G.L.	

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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: REQUEST <input checked="" 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.

REQUESTING REINSTATEMENT OF APD AFTER CANCELLATION DATED 11/01/94.  
PLEASE SEE APPROVED C-104 ENCLOSED.

THIS WELL WAS DRILLED/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 NO. 685-1761

(This space for State Use)

SUPERVISOR, DISTRICT I

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 19 1994

CONDITIONS OF APPROVAL, IF ANY: