

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clst
of

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.
30 015 27467

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
648

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
9832

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
#208

2. Name of Operator
SDX RESOURCES, INC.

3. Address of Operator
P. O. BOX 5061, MIDLAND, TX 79704

9. Pool name or Wildcat
E. MILLMAN-Q-GB-SA 46555

4. Well Location
Unit Letter H : 1360 Feet From The NORTH Line and 1310 Feet From The EAST Line
Section 22 Township 19-S Range 28-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3405 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"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>REQUEST</u> <input checked="" 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.

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 [Signature] TITLE VICE PRESIDENT DATE 01-26-95
TYPE OR PRINT NAME JOHN POOL TELEPHONE NO. 685-1761

(This space for State Use)

SUPERVISOR, DISTRICT II **DEC 19 1994**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: