

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

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 27467
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. #208
9. Pool name or Wildcat E. MILLMAN-Q-GB-SA 46555
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3405 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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
SDX RESOURCES, INC.

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

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

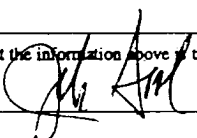
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3405 G.L.

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"/>	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: REQUEST <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.

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

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE DEC 19 1994

CONDITIONS OF APPROVAL, IF ANY: