Submit 3 Copies to Appropriate District Office

State of New Mexico Eners... Minerals and Natural Resources Department

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

	m C-103 /ised 1-1-8
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P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.		WELL API NO.		
Santa Fe, NM 87505		30-015-27469 sindicate Type of Lease			
P.O. Drawer DD, Artesia, NM 88210				STATE FEE	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			₀State Oil & Gas Lease	e No.	
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.)		ाLease Name or Unit Agreement Name East Millman Unit			
iType of Well:					
WELL WELL	OTHER		sWell No.		
2Name of Operator SDX Resources, Inc.	<u> </u>		212		
Address of Operator PO Box 5061, Midland, TX 7970	04		Pool name or Wildcat Millman, QN-GB		
4Well Location	South	Line and 1310	Sant Sansa The	East _{Line}	
Unit Letter P 1310	Feet From The South	Line and1310	Feet From The	Line	
Section 15		Range 28E	NMPM	Eddy County	
	10Elevation (Show whether DF, 1	SE GR			
11 Check A	Appropriate Box to Indicate Na	ture of Notice, Rep	port, or Other D	ata	
	NTENTION TO:		SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT			
PULL OR ALTER CASING CASING CASING TEST AND CEMENT JOB					
OTHER:		OTHER:			
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.					
Present Condition:				en e	
4-1/2" 15.5# csg @ 2647'. Top Perf: 1920'				A	
Propose to TA well be setting a C	CIBP @ 1870'.			Drock St.	
Circ CSq. W/Iner	. to 500# per Tales ?	For 30 min	4. 4 	RECEIVED 57 OCD ARTESIA	
Pressure lest Cs?	. 10 Jul pa ag 1	<u>.</u>		W.COM	
Chart Test.	24 HRS Prior to Any (work	٠.		
Give OCD NOTICE o	۱ ۱۳۰۰ د ۱۱۳۰ کی ۱۳۰۰ کی				
I havely and the the information about	e is true and complete to the best of my knowle	dge and belief.			
SIGNATURE SIGNATURE	/ - 1 /1	TLE Regulatory Tech		DATE 08-24-01	
TYPE OR PRINT NAME BONNIE Atwate	ır			TELEPHONE NO. 915/685-1761	
(This space for State Use)		, 1	1		
	_	- Sield	La M	DATE 3. 29-01	
APPROVED BY			74	DAIL	