

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Geology, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

FEB 21 1994

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

WELL API NO.
30-015-27768

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-5136

SUMMARY 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
Devon State

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
#1

2. Name of Operator
SDX RESOURCES, INC.

9. Pool name or Wildcat
E. Millman-Q-G-SA

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

4. Well Location
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line
Section 23 Township 19-S Range 28-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
N/A

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: <input type="checkbox"/>		Change Name <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.

Change name from AR State #1 to Devon State #1

Part ID-3
3-4-94
ok to name

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

SIGNATURE Barbara E. Wickham TITLE Prod. Analyst DATE 02-17-94
TYPE OR PRINT NAME Barbara E. Wickham TELEPHONE NO. 685-1761

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE FEB 25 1994
CONDITIONS OF APPROVAL, IF ANY: _____