

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. 30-015-27781
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5136
7. Lease Name or Unit Agreement Name Devon State
8. Well No. #2
9. Pool name or Wildcat E. Millman-Q-G-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) N/A

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 <u>L</u> : <u>330</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u> Line Section <u>23</u> Township <u>19-S</u> Range <u>28-E</u> NMPM <u>EDDY</u> County <u></u>
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 #2 to Devon State #2

Post ID-3
3-4-94
chg ls name

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

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

(This space for State Use)

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