Submit 3 Copies to Appropriate District Office

State of New Mexico Ene. , Minerals and Natural Resources Department



OIL CONSERVATION DIVISION DISTRICT WELL API NO P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 16 17 18 19 20 Santa Fe, NM (287505 30-015-28104 **DISTRICT II** sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE DISTRICT III State Oil & Gas Lease No 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGARACK TO A TLease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" East Millman Unit (FORM C-101) FOR SUCH PROPOSALS) 🚣 🔈 Type of Well: MET X WELL ≱Well No. 2Name of Operator 225 SDX Resources, Inc. Pool name or Wildcat Address of Operator Millman, QN-GB-SA, East PO Box 5061, Midland, TX 79704 4Well Location 330 East South 430 Feet From The Line **Unit Letter** Feet From The Line and 28E Eddv County **19S NMPM** Range Section Township reElevation (Show whether DF, RKB, RT, GR, etc. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ANBANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: OTHER: Re-complete 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. MIRU & TOH w/pump. NU BOP & TOH w/2-7/8" tbg. Set CIBP @ 2285'. Circ hole clean w/2% KCL, test csg, CIBP & BOP to 1000#. Perf 2 spf spiraled: 2050', 52, 54, 66, 68, 70, 80, 82, 84, 86 (20 holes) TiH w/pkr & spot acid across perfs. Acidize perfs @ 4 bpm w/2500 gal 15% NEFE w/clay master & 40 ball sealers. Flow back acid & swab test zone. TOH w/tool & frac down csg w/40000 gal Spectra frac w/65000# 16/30 & 35000# 12/20 Brady sd @ 30 bpm. SI overnight. Flow back frac & TIH. Circ clean to PBTD w/2% KCL. Pump back load. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 08-19-02 TITLE Regulatory Tech SIGNATURE TELEPHONE NO. 915/685-1761 TYPE OR PRINT NAME Bonnie Atwater

(This space for State Use

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

CONDITIONS OF APPROVAL. IF ANY