

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-29043

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease 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

Millman 11 State

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator
SDX Resources, Inc.

Well No.

3

Address of Operator
PO Box 5061, Midland, TX 79704

Pool name or Wildcat

E Millman QN-GB-SA

Well Location

Unit Letter J 1980 Feet From The South Line and 1830 Feet From The East Line

Section 11 Township 19S Range 28E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3437

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Existing Condition:

8-5/8" csg @ 423'. Cmt w/350 sx CI C. TOC surf.

5-1/2" csg @ 2746'. Cmt w/520 sx Lite & 120 sx CI C. TOC Calc @ surf.

Perfs: 2513' - 45'

CIBP @ 2505'

Perfs: 2402' - 2471'

Top San Andres: 2422'

Top Grayburg: 2014'

Top Queen: 1420'

Notify OCD 24 hrs. prior to any work done

Propose to TA pending re-completion in the Seven Rivers as follows:

Set CIBP @ 2330' & cap w/ 35' cmt. Circ hole w/mud laden fl. Set CIBP @ 1400' & cap w/ 40' cmt. Circ hole w/inert fl & pressure test csg to 500# for 30 min. Chart test

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

SIGNATURE

Bonnie Ottwater

TITLE Regulatory Tech

DATE 01-05-00

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

[Signature]

TITLE

[Signature]

DATE

JAN 23 2002

CONDITIONS OF APPROVAL, IF ANY: