

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

CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-31103

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name

State 20

Well No.

1

Pool name or Wildcat

Millman, QN-GB-SA, East

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.)

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator

SDX Resources, Inc.

Address of Operator

PO Box 5061, Midland, TX 79704

Well Location

Unit Letter D 660 Feet From The North Line and 660 Feet From The West Line

Section 20 Township 19S Range 28E NMPM Eddy County

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

3509

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: Re-Entry ☒

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.

2/7/02 - Remove marker.

2/8/02 - NU on 9-5/8" csg.

2/14/02 - RU unit. Drill out surface plug & 100' plug 366' - 500'. TIH & circ hole clean to 2750' (PBTD). Run CNL/GR/CCL & CBL log.

2/20/02 - Set CIBP @ 2130'. Test csg to 1000#. Held ok. Perf 2 spf. 1868', 72, 85, 91, 95, 1900, 13, 17, 52, 54, 65, 80, 84, 91, 93, 2008, 35, 42, 50, 58, 65, 67 (44 holes). TIH & set pkr @ 1786'. Acidize perms w/88 bbls 15% NEFE. Swab testing zone.

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

SIGNATURE

Bonnie Atwater

TITLE Regulatory Tech

DATE 03-04-02

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

MAR - 7 2002

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: