

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO 30-015-31543	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Win 29 State	
8. Well Number 1	
9. OGRID Number 020451	
10. Pool name or Wildcat Undes. Millman YT-7R-QN, 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.)	
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 PO Box 5061, Midland, TX 79704	
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>East</u> line Section <u>29</u> Township <u>19S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3367' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

JUN 02 2008
OCD-ARTESIA

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Current:

8-5/8" 24# J55 @ 378'. Cmt w/350 sx. Circ 45 sx
5-1/2" 14# K55 @ 3100'. Cmt w/400 sx 35/65 POZ C & 400 sx C
Perfs: 2850-70' w/CIBP @ 2799' w/35' cmt on top
Perfs: 2270-78' w/CIBP @ 2232' w/35' cmt on top
Perfs: 1496-2459' w/CIBP @ 1430'

Propose to P&A well as follows:

TIH to 1430'. Circ well w/salt gell & spot 25 sx plug. Spot 25 sx plug 428 - 328' & tag. Spot 60' surface plug.

**Notify OCD 24 hrs. prior
To any work done.**

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines X, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Bonnie Atwater TITLE Regulatory Tech DATE 5/30/08
Bonnie Atwater batwater@sdxresources.com 432-685-1761
Type or print name E-mail address: Telephone No.
For State Use Only

APPROVED BY: Phil Hankin TITLE Complain off DATE 6/3/08
Conditions of Approval (if any):