Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-1 <b>9</b> 3		
District I	Energy, Minerals and Natural Resources		Revised June 10, 2003		
1625 N. French Dr., Hobbs, NM 88240 District II	tailara TT		30-015-28457	/.	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Leas	æ		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X	FEE		
District IV Santa Fe, NM 8/505		6. State Oil & Gas Lease	No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit A	Agreement Name	
(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.)			East Millman Unit		
1. Type of Well:  Oil Well X Gas Well  Other RECEIVED		8. Well Number 301			
Of well A Gas well a case					
2. Name of Operator			9. OGRID Number		
SDX Resources, Inc.	Resources, Inc.		020451		
3. Address of Operator PO Box 5061, Midland, TX 79704	V.,			10. Pool name or Wildcat Millman, YT-7R (46555)	
4. Well Location			Willian, 11-7K (40333	<u>')                                    </u>	
T. Well Doubles					
Unit Letter_M:	_660feet from theSouth	line and _660	feet from the	_Westline	
	m 1: 100	D 0077	)		
Section 11	Township 19S  11. Elevation (Show whether DF)	Range 28E	NMPM Eddy	County	
	11. Elevation (Snow whether Dr	i, KAD, KI, GK, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
	PLUG AND ABANDON	REMEDIAL WORK		RING CASING 🔲	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI			
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN		DONMENT	
TOLE ON ALTEN OAGING	COMPLETION	CEMENT JOB			
OTHER:		OTHER: Rena	ıme Well	x	
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.					
Old Name: Millman State #1					
Oit Name. Milman State #1					
Rename To: East Millman Unit #301 - 9832					
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
I hereof writing that the information above is true and complete to the best of my knowledge and benef.					
SIGNATURE Donne	twater TITLE	Regulatory Tech_	DA	ATE_8/10/05	
Type or print name Bonnie Atwater	E-mail address: ba	twater@sdxresource	s.com Telephone No.	432/685-1761	
(This space for State use)			_		
APPPROVED BY	II Sealer	,	17 A TES	AUG 1 9 2005	
Conditions of approval, if any:	0		DATE		