Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II OIL CONSCIDENTATION DIVISION			30-015-20586	
District III OIL CONSERVATION DIVISION District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd. Aztec. NM 87410			STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. B-1111-11	
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:				7. Lease Name or Unit Agreement Name: State Federal Gas Com
Oil Well Gas Well Other				
2. Name of Operator Ricks Exploration, Inc				8. Well No. 1
3. Address of Operator				9. Pool name or Wildcat
210 Park Ave, STE 3000 Oklahoma City, OK 73102			Empire Penn- Gas	
4. Well Location				
Unit Letter E: 1810 feet from the North line and 790 feet from the West line				
Section 28 Township 17 S Range 28 E NMPM Eddy County				
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3641 RKB				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	1 🔲	REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	ABANDONMENT ND
_	COMPLETION	_	CEMENT JOB	_
OTHER:			OTHER:	
12. 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 recompilation.				
Set CIBP @ 9950' +/ Cap CIPB w/ 30' of cement. Load hole w/ inert fluid and test casing to 500# for 30 min. T&A well pending transfer to SDX Resources, Inc. for conversion to a disposal well. RECEIVED RECEIVED				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE DATE 12/19/01				
Type or print name Bryan Roth	er			Telephone No. 405/516/1100
(This space for State use)	7			
APPPROVED BY	2()	TITLE		DATE
Conditions of approval, if any:				