	÷		<u> </u>	CIST		
Submit 3 Copies to Appropriate District Office	State of N Energy, Minerals and Nat	artment	OP	Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.			PI NO. 15-28417		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				sIndicate Type of Lease		
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				•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.)				7Lease Name or Unit Agreement Name State 36		
IType of Well: OIL GAS WELL WELL OTHER						
zName of Operator SDX Resources, Inc.				ଃWell No. 1		
sAddress of Operator PO Box 5061, Midland, TX 79704				₀Pool name or Wildcat Red Lake, QN-GB-SA		
•Well Location Unit Letter <u>N</u> <u>990</u>	Feet From The South	Line and	1650 Feet	t From The We	est Line	
Section 36	Township 17S		26E NMPN	n Eddy	County	
	10Elevation (Show wheth 3303' KB	her DF, RKB, RT, GR, etc.				
11 Check Aj	opropriate Box to Indica	te Nature of Noti	ce, Report, or	Other Data		
NOTICE OF IN	TENTION TO:		SUBSEQUE	ENT REPORT	OF:	
	PLUG AND ABANDON		RK	ALTERIN	G CASING	
	CHANGE PLANS		COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING		CASING TEST	CASING TEST AND CEMENT JOB			
OTHER:			DExtension Requ	est		
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.						
The APD on this well is due to expi	re on September 6, 2001.			23456789	1977	
SDX respectfully requests an exten				~~ T	1 D ESIA	
	Te 8/10/02	_		AUG 200 RECEIVE	1 5	
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					- 2 ⁰⁰ /	
				23334		
I hereby certify that the information above is	true and complete to the best of my	knowledge and belief.	<u> </u>	<u> </u>		
SIGNATURE BOMME	Maler	TITLE Regulator	y Tech	DATE	08-06-01	
TYPE OR PRINT NAME BONNIE Atwater		<u></u>		TELEPHONE	NO. 915/685-1761	
(This space top State Use)	ORIGINAL SIGNED BY DISTRICT II SUPERVIS	TIM W. GUM			AUG 0 8 2001	
APPROVED BY	· ····································	TITLE		DATE	HUU U U 4491	

CONDITIONS OF APPROVAL, IF ANY: