

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-23514
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. 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.)		7. Lease Name or Unit Agreement Name State JB Com.	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	8. Well No. 1		
2. Name of Operator SDX Resources, Inc.	9. Pool name or Wildcat Undes Loving; Delaware		
3. Address of Operator P. O. Box 5061, Midland, TX 79704			
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>23S</u> Range <u>28</u> NMPM <u>Eddy</u> County			
10. Elevation (Show whether LF, RKB, RT, GR, etc.) GR 3113'			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Request for Extension to drill <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Sundry filed to request a 6 months extension to re-enter the State JB Com #1.

Scheduling problems with rigs and personnel makes this request necessary.

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

SIGNATURE <u>Janice Courtney</u>	TITLE <u>Regulatory Tech</u>	DATE <u>5/7/97</u>
TYPE OR PRINT NAME <u>Janice Courtney</u>		TELEPHONE NO. <u>915/685-1761</u>

(This space for State Use)

APPROVED BY <u>Jim W. Gunn BOK</u>	TITLE <u>District Supervisor</u>	DATE <u>5-14-97</u>
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CONDITIONS OF APPROVAL, IF ANY:

Need to follow up w/ 3 copies of C 103 to this office BOK