Submit 3 Copies to Appropriate
District Office

CONDITIONS OF APPROVAL, IF ANY

## State of New Mexico Ener Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

c\\$	/	Form C-103 Revised 1-1-89			
	10	)			

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION DIVISION 2040 Pacheco St.			WELL API NO.	- 74		
DISTRICT II	Santa Fe, NM 87505			30-015-31441				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					sIndicate Type of Leas	STATE	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					eState Oil & Gas Leas	e 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.)					rLease Name or Unit Agreement Name Resier State			
1Type of Well: OIL GAS WELL WELL	OTHER							
2Name of Operator SDX Resources, Inc.					sWell No. 2			
aAddress of Operator PO Box 5061, Midland, TX 793	704				Pool name or Wildca Red Lake, QN-0			
Well Location Unit Letter   1 1650	Feet From The Sout	h	Line and	990	Feet From The	East	Line	
Section 25			nge	27E	NMPM	Eddy	County	
	10Elevation (Show who	ether DF, RF	KB, RT, GR, etc.					
	Appropriate Box to Indic	ate Nati	ure of Noti					
NOTICE OF	INTENTION TO:			SUBS	SEQUENT RE	PORT OF:	_	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WO	RK		ALTERING CAS		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DI			PLUG AND ANB	ANDONMENT	
PULL OR ALTER CASING		[	CASING TEST				$\nabla$	
OTHER:			OTHER: Can				X	
12Describe Proposed or Completed Opera work) SEE RULE 1103.	ations (Clearly state all pertinent details	s, and give p	ertinent dates, l	ncluding es	timated date of starting	any proposed		
						00		
SDX Resources no longer plan	s to drill the above referenced v	well and w	vould like to d	cancel the	e APD dated 11/9/	00.		
							<del>.</del>	
		١	1				A	
	cance	7	DI		10%	CO TO	Marian (Marian)	
	MANC	رار.				TAX CO	4	
	Ch q	5	14/		Ų.	SIA		
					S.	Const.	gasti (	
I hereby certify that the information abo	ve is true and complete to the best of m	ny knowledg	e and belief.		<u> </u>			
SIGNATURE BONNIG	(Ituater		E Regulator	ry Tech		DATE 08-0	)1-01	
TYPE OR PRINT NAME Bonnie Atwat	er					TELEPHONE NO.	915/685-1761	
(This space for State Use)								
APPROVED BY		TITL	.E			DATE		