## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| OU CONOEDVA  | TION DIV (1010N            |  |  |
|--|----------------------------|--|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505  P.O. Drawer DD, Artesia, NM 88210  AUG 8 2000                            |                            | WELL API NO.   |  |
|  |                            | 30-015-00789   |  |
|  |                            | icate Type of Lease  |  |
|  |                            |  |  |
| DISTRICT III   | -51-                       | STATE FEE  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | 6512                       | Re Oil & Oa's Lease No.  |  |
|  | 15110                      |  |  |
| 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"                 |                            |  |  |
|  |                            | ase Name or Unit Agreement Name<br>nalk Bluff Draw Federal   |  |
| (FORM C-101) FOR SUCH PROPOSALS.)  | Cn                         | iaik biuli Diaw Federai  |  |
| Type of Well:  | 1                          | •  |  |
| WELL WELL OTHER  |                            |  |  |
| Name of Operator   |                            | ell No.  |  |
| SDX Resources,Inc.   | 1                          | A Company of the Comp |  |
| sAddress of Operator PO Box 5061, Midland, TX 79704  |                            | Pool name or Wildcat  Red Lake, QN-GB-SA   |  |
| 4Well Location   |                            | ed Lake, wit-OB-OA   |  |
| Unit Letter K : 2055 Feet From The South   | Line and 1980              | Feet From The West Line  |  |
| Offic Leder Pear From the  | Line and                   | Line   |  |
| Section 5 Township 18S   | Range 27E N                | IMPM Eddy County   |  |
| 10Elevation (Show whether  | r DF, RKB, RT, GR, etc.)   | The state of the s |  |
|  |                            |  |  |
| 11 Check Appropriate Box to Indicat  | e Nature of Notice, Report | . or Other Data  |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |                            |  |  |
|  | SOBSEC                     | QUENT REPORT OF.   |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON   | REMEDIAL WORK              | ALTERING CASING  |  |
| TEMPORARILY ABANDON CHANGE PLANS   | COMMENCE DRILLING OPNS.    | PLUG AND ANBANDONMENT  |  |
| PULL OR ALTER CASING CASING TEST AND CEMENT JOB  |                            | OB []  |  |
| OTHER: C-108 Extention   |                            |  |  |
|  |                            |  |  |
| 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. |                            |  |  |
|  |                            |  |  |
|  |                            |  |  |
| Administrative Order SWD-677-B is due to expire 7/25/03.   |                            |  |  |
| SDX Resources requests an extention to this order.   |                            |  |  |
| ODA (Nobbalosa Inquesta dili oktorisa) i to dila orda).  |                            |  |  |
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|  |                            |  |  |
|  |                            |  |  |
| I hereby certify that the information above is true and complete to the best of my ke  | owledge and belief.        |  |  |
| SIGNATURE Somme Cleans   | TITLE Regulatory Tech      | DATE 07-24-03  |  |
| TYPE OR PRINT NAME Bonnie Atwater  |                            | 7515010115 No. 422/695 4764  |  |
| (This space for State Use)   |                            | TELEPHONE NO. 432/685-1761   |  |
| (This space for claim USO)   |                            |  |  |
| APPROVED BY  |                            |  |  |
|  | TITLE                      | DATE   |  |
| CONDITIONS OF APPROVAL, IF ANY:  | TITLE                      | DATE   |  |

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District Office ON CONSERVATION DIVISION **DISTRICT I** NIG WELL API NO P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-015-00789 Santa Fe, NM 87505 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Indicate Type of Lease STATE FEE DISTRICT III State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Chalk Bluff Draw Federal (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL OIL WELL OTHER «Well No. »Name of Operator SDX Resources, Inc. Address of Operator Pool name or Wildcat PO Box 5061, Midland, TX 79704 Red Lake, QN-GB-SA **4Well Location** South 1980 West K : 2055 Feet From The Line and Feet From The Unit Letter Line 5 185 27E Eddy Township Range **NMPM** County 10Elevation (Show whether DF, RKB, RT, GR, etc.) 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: C-108 Extention 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Administrative Order SWD-677-B is due to expire 7/25/03. SDX Resources requests an extention to this order.

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                       |                            |  |
|--|-----------------------|----------------------------|--|
| SIGNATURE String theater   | TITLE Regulatory Tech | DATE 07-24-03              |  |
| TYPE OR PRINT NAME Bonnie Atwater  |                       | TELEPHONE NO. 432/685-1761 |  |
| (This space for State Use)   |                       |                            |  |
|  |                       |                            |  |
| APPROVED BY  | TITLE                 | DATE                       |  |
| CONDITIONS OF APPROVAL, IF ANY:  |                       |                            |  |

Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY

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