

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

215F  
Up

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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-015-25654
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	F 10170
7. Lease Name or Unit Agreement Name	LOWE STATE GAS COM
8. Well No.	21
9. Pool name or Wildcat	INDIAN BASIN (UPPER PENN &

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: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator ORYX ENERGY COMPANY
3. Address of Operator P.O. Box 2880, Dallas, TX 75221-2880	4. Well Location Unit Letter F : 1995 Feet From The NORTH Line and 1712 Feet From The WEST Line Section 36 Township 21S Range 23E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3845' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

MIRU. SET CMT RET @ 9470 W/25 SX CMT. SQUEEZE 9483-9496 PERFS W/100 SX CMT.  
PERF LOWER MORROW 9223 - 9399 4 SPF. ACIDIZE W/2000 GALS HCL. FLOWED TO TANK.  
WORKOVER UNSUCCESSFUL, LEFT WELL SHUT IN.

RECEIVED

APR 17 1996

OIL CON. DIV.  
DIST 2

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

SIGNATURE Daniele Burris TITLE PRORATION ANALYST DATE 4-12-96

TYPE OR PRINT NAME DANIELE BURRIS TELEPHONE NO. 214 715-3242

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 18 1996

CONDITIONS OF APPROVAL, IF ANY: