

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-047-00140
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> OTHER Carbon Dioxide	7. Lease Name or Unit Agreement Name Upton
2. Name of Operator Oryx Energy Company	8. Well No. 1
3. Address of Operator P. O. Box 1861, Midland, Texas 79702	9. Pool name or Wildcat Wildcat
4. Well Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>18-N</u> Range <u>26-E</u> NMPM <u>San Miguel</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4875' GR	

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" 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: _____ <input 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.

Note: Notify N.M.O.C.C. 24 hrs. before beginning operations.

- MIRU PU. BL Well down. RU WL & dump 2 sx cmt on CIBP @ 600'. RIH w/WL & set CIBP @ 300'.
- TIH w/2 3/8" WS OE to 300'. Circ cmt to surf. w/approx. 20 sx Cf 'C' cmt. POH w/WS.
- RD. Cut off csg. 4' BGL. Weldon steel plate & dry hole marker. Reclaim location. RR.

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

SIGNATURE Maria L. Perez TITLE Proration Analyst DATE 9-18-90  
 TYPE OR PRINT NAME Maria L. Perez TELEPHONE NO. 915/688-0375

(This space for State Use)  
 APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 9-25-90  
 CONDITIONS OF APPROVAL, IF ANY: