

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

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.

30-025-04047

5. Indicate Type of Lease

STATE ☒

FEE ☐

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Oryx Energy Company

3. Address of Operator

P.O. Box 26300, Oklahoma City, O.K. 73126-0300

4. Well Location

Unit Letter L ☒ : 661.1 Feet From The West Line and 1985.3 Feet From The South Line

Section

24

Township

19S

Range

36E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3684' GR

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. PERF 7 RVRS FORMATION AND ACIDIZE QUEEN AND 7 RVRS:

1. MIRU WS RIG. KILL WELL W/ 2% KCL WTR IF NECESSARY. REMOVE WH. INSTALL BOP. RIH W/ SL & TAG PBTD @ 3767'. REPORT ANY FILL TO REGION OFFICE. CO FILL W/ HYDROSTATIC BAILER IF NECESSARY. SET PERMALACH PKR W/ 8000# COMP.

2. MIRU BJ PUMP TRUCK & LINES. TEST LINES TO 3000#. TRAP 500# ON CSG. ACIDIZE QUEEN PERFS 3594-3748' W/ 2000 GALS 15% NEFE HCL AT 5-8 BPM RATE IN 3 STAGES AS FOLLOWS:

STAGE 1: PUMP 700 GALS 2% KCL W/ FOAMER.
PUMP 650 GALS 15% NEFE HCL W/ 400 SCF/BBL N₂ (NOT FOAMED)

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

SIGNATURE Jan Stevenson

TITLE Proration Analyst

DATE Oct. 7, 1991

TYPE OR PRINT NAME Jan Stevenson

(405) 752-7139
TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: