

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. 30-025-26125 <i>26152</i>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MAVEETY-STATE GAS COM
8. Well No. 8
9. Pool name or Wildcat EUMONT YATES 7 RIVERS(PRO GAS)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3596 GR

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 <u>O</u> : <u>810</u> Feet From The <u>SOUTH</u> Line and <u>2030</u> Feet From The <u>EAST</u> Line Section <u>35</u> Township <u>19S</u> Range <u>36E</u> NMPM LEA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3596 GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

ADD PERFS IN EXISTING FORMATION  
PERFORM CO2 FRAC  
SEE ATTACHED WORKOVER PROCEDURE

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE [Signature] TITLE PRORATION ANALYST DATE 02/20/94  
TYPE OR PRINT NAME ROD L. BAILEY TELEPHONE NO. 214 715-4828

(This space for State Use)  
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR DATE FEB 28 1995  
CONDITIONS OF APPROVAL, IF ANY: