

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.

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 Carbon Dioxide

2. Name of Operator
Oryx Energy Company

3. Address of Operator
P. O. Box 1861, Midland, Texas 79702

4. Well Location
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line
Section 23 Township 18-N Range 28-E NMPM Harding County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5500 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.

3-22-90 MIRU DA&S WS @ 8:00 AM 3-21-90/ Rls pkr & POH w/pkr and 2-3/8" tbg.

3/23/90 TIH w/4-1/2" CIBP, Set at 1300', POH w/setting tool, TIH w/2-3/8" tbg OE to 1300', circ hole w/10# mud, spot 10 sk cmt plug on CIBP, POH to 370' circ hole to surf w/25 sks cmt, POH, cut off wellhead 4' BGL, weld on steel plate, install dry hole marker, clean location, cut off anchors. Well P&A.

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 3-30-90
TYPE OR PRINT NAME Maria L. Perez TELEPHONE NO. 915/688-0375

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 4-9-90

CONDITIONS OF APPROVAL, IF ANY: