

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

451
Op

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

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS MAY 26 1992 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT C. L. D. (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-10619
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator ORYX ENERGY COMPANY		6. State Oil & Gas Lease No. E 10171 & K-672
3. Address of Operator P.O. BOX 2880, DALLAS, TX 75221-2880		7. Lease Name or Unit Agreement Name CONOCO STATE GAS COM
4. Well Location Unit Letter F : 1775 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 2 Township 22S Range 23E NMPM EDDY		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3980' GL 3964		9. Pool name or Wildcat INDIAN BASIN (UPPER PENN)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <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: SET WELLHEAD COMPRESSION <input checked="" 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.

SET WELLHEAD COMPRESSOR TO LOWER TUBING PRESSURE, THEREBY INCREASING THE PRODUCTIVITY OF THE WELL.

ATTACHED IS A SITE SKETCH INDICATING THE PROPOSED LOCATION OF THE COMPRESSOR.

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

SIGNATURE Peggy Snyder TITLE PRORATION ANALYST DATE 05-21-93
TYPE OR PRINT NAME PEGGY SNYDER TELEPHONE NO. 214-715-3233

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE MAY 28 1993

CONDITIONS OF APPROVAL, IF ANY: