

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. 30-047-20024
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Trigg
8. Well No. 3
9. Pool name or Wildcat Wildcat

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 type="checkbox"/> 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 J : 1650 Feet From The South Line and 1650 Feet From The East Line Section 25 Township 15-N Range 28-E NMPM San Miguel County	
10. Elevation (Show whether DF, RKB, RT, Gk, etc.) 4788' 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 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.

NOTE: Notify N.M.O.C.C. 24 hrs. prior to beginning operations.

1. MIRU PU. TIH w/2-3/8" WS OE to 5400'. Displace well w/9.5#/gal mud.
2. PU w/WS to 450'. Circ. CL 'C' cmt to surf. w/approx. 30 sx. POH w/WS.
3. RD. Cut off csg. BGL. Weld on 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 9-25-90

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

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 10-2-90

CONDITIONS OF APPROVAL, IF ANY: TWO ADDITIONAL PLUGS TO BE SET

#1 3570 - 3670 ABC FM.

#2 2180 - 2280 SAN ANDRES FM