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. 30-047-00140

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.)

7. Lease Name or Unit Agreement Name: Upton

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Carbon Dioxide

2. Name of Operator: Oryx Energy Company

8. Well No. 1

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

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter D: 330 Feet From The North Line and 330 Feet From The West Line

Section 25 Township 18-N Range 26-E NMPM San Miguel County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*) 4875' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

Upton #1

11/29/90 MIRU Stinebaugh WS Rig 8 AM, 11/28/90/ ND WH/ TIN w/2-3/8" WS OE & TAG CIBP at 605'/ Spot 5 sx CL. 'C' cmt plug on CIBP 605'-531'/POH w/WS/ TIH W/4-1/2" Baker CIBP, Setting tool & 1 perf sub on 2-3/8" WS/Set CIBP @ 310'/ Rel setting tool & circ CL 'C' cmt to surface w/25 sx/POH/RD/Cut off WH & weld on dry hole marker/ 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 12-5-90

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

(This space for State Use)

APPROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 12-10-90

CONDITIONS OF APPROVAL, IF ANY: