

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

FEB -6 '90

WELL API NO. 30-015-26223
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-3635
7. Lease Name or Unit Agreement Name Scoggins Draw State "C" Com.
8. Well No. 1
9. Pool name or Wildcat Und. Red Lake Atoka-Morrow Gas

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 1861, Midland, Texas 79702	
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>18-S</u> Range <u>27-E</u> NMPM <u>Eddy</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3432.8' GR</u>	

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: Amend Proposed Casing & Cementing Program on C-101 <input checked="" 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.

To Amend Proposed Casing & Cementing Program on Form C-101 previously approved 10-25-89

Size Hole	Size of Casing	Weight Per Foot	Setting Depth	Sxs of Cmt.	Est. Top
12 1/4"	8 5/8"	24#	1850'	880 Sxs	Surf.
7 7/8"	4 1/2"	11.6# & 10.5#	9900'	1075 Sxs	5500'

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

SIGNATURE Mike Williams TITLE Proration Analyst DATE 2-5-90  
TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 12 1990

CONDITIONS OF APPROVAL, IF ANY: