Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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State of New Mexic Er

	State of New Mexico
n/	: Minerals and Natural Resources Department

Form C-103	١	4
Form C-103 Revised 1-1-89	C	1

<u>DISTRICT I</u> P.O. Box 1980, Hobbi	NM 88240	OIL CONSER			WELL API NO.			
DISTRICT II	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P.O Santa Fe, New	. Box 208		30-015-2	6223	:	
2.0. Drawer DD, Arte	sia, NM 88210	Santa Fe, New	MEXICO	_	5. Indicate Type of Lease			
OSTRICT III OOO Rio Brazos Rd.,	Aztec, NM 87410		MW 21 '90	STATE \(\) FEE \(\) 6. State Oil & Gas Lease No. \(E - 3635 \)				
DO NOT USE TH	IS FORM FOR PRODIFFERENT RESER	ICES AND REPORTS DPOSALS TO DRILL OR TO RVOIR. USE "APPLICATIO -101) FOR SUCH PROPOS	O DEEPEN IN FOR PE	OR PLUG BACK TO A				
Type of Well: OIL WELL	GAS WELL X	OTHER			Scoggins Draw State "C" Com.			
Name of Operator		/			8. Well No.			
Oryx Energy Address of Operat				9. Pool name or Wildcat				
P. 0. Box		nd, TX 79702			Und Red Lake		row Gas	
Well Location Unit Letter	J : 1980) Feet From The Sc	outh	Line and1980	Feet From T	he <u>East</u>	Line	
Section	16	Township T-18-	-S Ra	mge 27-E	имим Eddy		County	
		'/////		DF, RKB, RT, GK, esc.)				
//////////////////////////////////////	Check .	Appropriate Box to I	.8' GR	Nature of Notice R	enort or Other I	//////////////////////////////////////		
		TENTION TO:	indicate i		SEQUENT RE			
RFORM REMEDIA	_	PLUG AND ABANDO		REMEDIAL WORK		LTERING CASING		
MPORARILY ABA		CHANGE PLANS		COMMENCE DRILLING		LUG AND ABAND	_	
LL OR ALTER CA	_	ONNIGE PENIO	لــا			LUG AND ABAND	ONMEN!	
	3NG		CASING TEST AND CEMENT JOB					
HER:				OTHER:				
Describe Proposed work) SEE RULE		tions (Clearly state all pertine	nt details, ar	nd give pertinent dates, inclu	ding estimated date of st	arting any proposed	i	
12 - 90 Spu	udded @ 9:45	5 PM. 12 1/4" hol	le.					
FC	1806'. Cmt	Ran and cmt'd c'd w/765 sxs 65: 22% CaCl ₂ . FP 10	:35:6 '	C' Lite w/1/4#/	sx celloflake	, Tailed by	y	
CS	9910', FC 9	Ran and cmt'd 9833'. Precede o '2% D20-3/10% D 1	cmt w/3	0 bbls. mud flu	sh. Cmt'd w/			
hereby certify that the	information above is true	e and complete to the best of my k	nowiedge and	belief. Proration Ana	lyst	_ DATE 4-27-		
YPE OR FRINT NAME	Maria Pere	ez 👉				TELEPHONE NO. 9	15 688-0	
This space for State Us		INAU SIGHED BY					a 4000	
APPROVED BY	ivit Ni Qui Ni	THEOR DISTRICT!	- m	u	 	DATE JUN	1 9 1990	