

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.

30-015-26223

5. Indicate Type of Lease

- STATE ☒

FEE ☐

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.)

RECEIVED

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Oryx Energy Company

3. Address of Operator

P. O. Box 1861, Midland, Texas 79702

ARTESIA. OFFICE

4. Well Location

Unit Letter J : 1980 Feet From The S Line and 1980 Feet From The E Line

Section 16 Township 18-S Range 27-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, etc.)

3432.8' GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Added Perfs ☒

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.

1/4/91 Perf Lwr Morrow 9616'-20' and 9638'-45', 6 JSPF 68 holes by Schlum. CN dated 4/14/90'. Flow well 3 hrs on var. chks. Flow well 12 hrs. on 20/54" chk, rec. 0 BO, 0 BW FTP 80 psi, approx. 100 MCFD rate. SI well.

1/5/91 Shut In to build up pressure.

1/6/91 " " " " "

1/7/91 " " " " "

1/11/91 24 F 0 BO 0 BW 50 MCF 1" chk. 60# TP

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

1-14-91

TYPE OR PRINT NAME

Maria L. Perez

TELEPHONE NO. 915/688-0375

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

JAN 24 1991

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: