|  |  |   |  | ۷                            | 315F        |  |
|--|--|---|--|------------------------------|-------------|--|
| Submit 3 Copies to Appropriate District Office   | State of New Mexi<br>Energy, Minerals and Natural Re |   |  | Form C-103<br>Revised 1-1-89 | D           |  |
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88240  | Santa Fe, New Mexico 87504-2088 Artesia, NM 88210    |   | WELL API NO.   | 30-015-10342                 | _ <u>r</u>  |  |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210  |  |   | 5. Indicate Type of Lease  STATE X FEE                   |                              |             |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410   | e, NM 87410  |   | 6. State Oil & Gas Lease No.<br>E 10170                  |                              |             |  |
| 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  LOWE STATE GAS COM |                              |             |  |
| 1. Type of Well: OIL GAS WELL WELL X OTHER   |  |   |  |                              |             |  |
| 2. Name of Operator ORYX ENERGY COMPANY  |  |   | 8. Well No.  1 9. Pool name or Wildcat                   |                              |             |  |
| 3. Address of Operator P.O. Box 2880, Dallas, TX 75221-2880  |  |   | INDIAN BASIN (UPPER PENN)                                |                              |             |  |
| 4. Well Location Unit Letter F: 1995 Feet From The NORTH Line and 1712 Feet From The WEST Line   |  |   |  |                              |             |  |
| Section 36   | Township 21S Ran                                     | nge 23E                                       | NMPM   | <b>EDDY</b> C                | ounty       |  |
|  | 10. Elevation (Show whether                          | r DF, RKB, RT, GR, etc<br>3845' GL            | :.)  |                              |             |  |
| 11. Check A  | ppropriate Box to Indicate N                         |   | Report, or O   | ther Data                    | 22222       |  |
|  |  |   | SEQUENT REPORT OF:                                       |                              |             |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                                     | REMEDIAL WORK                                 |  | ALTERING CASING              |             |  |
|  |  |   | PLUG AND ABANDONME                                       | ит 🔲                         |             |  |
| PULL OR ALTER CASING CASING TEST AND CI  |  | MENT JOB                                      |  |                              |             |  |
| OTHER:   |  | OTHER:  |  |                              |             |  |
| 12. Describe Proposed or Completed Opwork) SEE RULE 1103.  | perations (Clearly state all pertinent deta          | ils, and give pertinent da                    | tes, including estima                                    | ated date of starting any pr | oposeď      |  |
| @7397' POOH. RU SCHUMBERGER. PERF TO 1526-44'. RIH W/RETRIEVAL PKR ON HALLIBUTON. POOH. RIH W/VSD SUB PUMP: SE START DATE SCHEDULE FO                            |  | 4" 4SPF GUN: 7° EST TO 4000PSI S. RU WELLHEAD | 432-44', 74!<br>. RU HALLIBI                             | 54-76', 7506-18'             | ,           |  |
| I hereby certify that the information above is   | true and complete to the best of my knowledge        | and belief.                                   |  |                              | <del></del> |  |

| Thereby certify that the       | ne information above is true and complete to the best of my kno |                         | 11.00.00                                |
|--------------------------------|---|-------------------------|---|
| TYPE OR PRINT NAME             | STEPHEN FORE  | TITLE PROPATION ANALYST | DATE 11-08-96 TELEPHONE NO.972-715-8020 |
| (This space for State t        | Original signed by tim W. Gum<br>District II supervisor         |                         | NOV 1 8 1996                            |
| APPROVED BY CONDITIONS OF APPR |   | TITLE                   | DATEDATE                                |