

clsr  
dp

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

RECEIVED

MAR 12 1992

O. C. D.  
ARTESIA OFFICE

WELL API NO.	30-015-10619
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E 10171 & K-672
7. Lease Name or Unit Agreement Name	Conoco State Gas Com
8. Well No.	2 /
9. Pool name or Wildcat	Indian Basin (Upper Penn)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	KB 3980' GL 3964

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 2880 Dallas, TX 75221	4. Well Location Unit Letter F : 1775 Feet From The North Line and 1980 Feet From The West Line Section 2 Township 22-S Range 23-E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3980' GL 3964	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input 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.

Add shot density, stimulate (acidize) and replace 2-3/8" tubing with 2-7/8" tubing.

See attached for recommended procedure.

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

SIGNATURE John W. Crowder TITLE PPC Analyst DATE 3/6/92  
TYPE OR PRINT NAME John W. Crowder TELEPHONE NO. (214) 715-3115

(This space for State Use) ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

MAR 30 1992