Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
MAY 18 1992
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

dSF
Dp

WELL API NO. 30-015-10619

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E 10171 & K-672

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: Conoco State Gas Com

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: ORYX ENERGY COMPANY

8. Well No. 1

3. Address of Operator: P.O. Box 2880, Dallas, TX 75221-2880

9. Pool name or Wildcat: Indian Basin (Upper Penn)

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.) 3964 GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

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.

Added shot density, acidized, & replaced tubing per attached detail of work performed.

PRODUCTION PRIOR TO WO — 24 BO, 1 BW, 4450 MCF
After WO — 19 BO, 15 BW, 6047 MCF

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

SIGNATURE Ewell Schirmer TITLE Prod. Utilization Representative DATE 5-13-92

TYPE OR PRINT NAME Ewell Schirmer TELEPHONE NO. (214) 715-3140

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE MAY 19 1992

CONDITIONS OF APPROVAL, IF ANY: