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

Form C-103
Revised 1-1-89

NOV 17 1993

O. C. D.

WELL API NO.
30-015-26925

5. Indicate Type of Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NM0384625

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
WEST INDIAN BASIN UNIT
WEST INDIAN BASIN

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER X DRY HOLE

2. Name of Operator
ORYX ENERGY COMPANY

8. Well No.
3

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 J : 1724 Feet From The SOUTH Line and 2052 Feet From The EAST Line
County

Section 20 Township 21S Range 23E NMPM EDDY

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
4015.3

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	☐	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.

DUMP 5 SKS CMT ON CIBP @ 7233. SET CIBP @ 7080 & DUMP 5 SKS CMT.
DISPL HOLE WITH 10# MUD CUT 5 1/2 CSG @ 4008 POH.
SPOT 50 SKS CMT @ 4008 TAG AT 3865, SPOT 55 SKS @ 2075, TAG @ 1912. SPOT 40 SKS @ 503-420,
SPOT 35 SKS PLUG @ 360-255.
SPOT 10 SKS 40' TO SURF. CUT CSG 3' BGL WOSP & DRY HOLE MARKER.

WELL ACTIVITY 11/5/93 - 11/8/93. WELL PLUGGED 11/8/93.

Post ID-2
12-17-93
P+A

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

SIGNATURE Rod L. Bailey TITLE PRORATION ANALYST DATE 11/8/93

TYPE OR PRINT NAME ROD L. BAILEY TELEPHONE NO. 214 715-4828

(This space for State Use)

APPROVED BY Record Only Wrong Form TITLE DATE NOV 25 1993

CONDITIONS OF APPROVAL, IF ANY: