

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-28556
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 04686 / NM 71134
7. Lease Name or Unit Agreement Name BRIGHT FEDERAL GAS COM
8. Well No. 2
9. Pool name or Wildcat INDIAN BASIN UPPER PENN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 75221-2880
4. Well Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>21</u> Township <u>21S</u> Range <u>23E</u> NMPM <u>EDDY</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>TA WELL PER REQUEST OF BLM</u> <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

11/13/98 BLEW WELL DOWN. PUMP 60 BBLS 2 5 KCL TO KILL WELL. ND WH, RU ROTARY WL. SET CIBP @ 7090'. RD ROTARY, NU WH.

11/14/98 LOADED HOLE W/ PKR FLUID.

11/18/98 TESTED CASING W/ BLM REP PRESENT. TEST HELD. CHART INCLUDED WITH REPORT.

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 MANAGER DATE 12/8/98

TYPE OR PRINT NAME ROD L. BAILEY TELEPHONE NO. 972 715-4828

(This space for State Use)

APPROVED BY Rod L. Bailey TITLE PRORATION MANAGER DATE 12/8/98
CONDITIONS OF APPROVAL, IF ANY: