

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

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

DISTRICT II

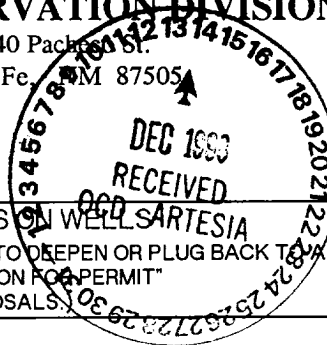
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505



WELL API NO. 30-015-28899

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
BRIGHT FEDERAL

8. Well No.
3

9. Pool name or Wildcat
INDIAN BASIN UPPER PENN

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3947

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 ☐ GAS WELL ☒ 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 K : 1900 Feet From The SOUTH Line and 2200 Feet From The WEST Line
Section 21 Township 21S Range 23E NMPM EDDY County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: TA WELL PER REQUEST OF BLM ☐

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. PUMPED 60 BBLS TO KILL WELL. ND WH, RU ROTARY W/ PACKOFF. RIH & SET CIBP @ 7230. RD NU WH

11/14/98 LOADED HOLE WITH PACKER FLUID

11/19/98 MIRU LUCKY WS. ND WH RU ROTARY. DUMP BAILED 6 SXS CMT 35' ON CIBP. RD ROTARY NU WELLHEAD, RDRR.

11/20/98 TESTED CASING WITH BLM REP PRESENT. 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 12/08/98

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Record Only