

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 88240

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

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

OIL CONSERVATION DIVISION

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

JAN 12 1994

WELL API NO.
30-015-24106

5. Indicate Type of Lease
STATE ☐ FEB ☒

6. State Oil & Gas Lease No.
T-39990

7. Lease Name or Unit Agreement Name
PECOS IRRIGATION COMPANY

8. Well No.
1

9. Pool name or Wildcat
UND. MORROW\ATOKA

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 G : 1980 Feet From The NORTH Line and 2130 Feet From The EAST Line
Section 10 Township 23-S Range 28-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3025 GR

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: ☐

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.

ACDZ ATOKA (11559-11598) DWN 2 3/8 TBG @ 5-6 BPM @ 3000 PSI
MAX TP = 4000 PSI

A) PUMP 200 GAS 15% NE HCL
B) EVENLY DROP 50 BALL SEALERS
C) PUMP 1500 GALS 70% QUALITY FOAM W/N2
D) FLUSH W/(+/-) 80000 SCF N2

FLOW BACK IMMEDIATELY

RETURN TO SALES AFTER N2 HAS DISSIPATED.

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 01/04/94

TYPE OR PRINT NAME ROD L. BAILEY

TELEPHONE NO. 214 715-4828

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE JAN 24 1994

CONDITIONS OF APPROVAL, IF ANY: