Submit 3 Copies

State of New Mexico Freroy Minerals and Natural Resources Department

to Appropriate District Office	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		Keyless 1-1-39	
DISTRICT) P.O. Box 1980, Hobbs, NM \$824U			WELL API NO. 30-015-26460	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	FEB 1	4 1994	6. State Oil & Gas Lease No.	
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 PARDUE FARMS	
1. Type of Well: OLL OAS WELL X WELL	OTHER			
2. Name of Operator			8. Well No.	
ORYX ENERGY COMPANY			2	
3. Address of Operator			9. Pool same or Wildcat	
	AS, TX 75221-2880		EAST LOVING - DELAWARE	
4. Well Location Unit Letter H : 1	950 Feet From The NORTH	Line and	660 Feet Prom The EAST Line	
	aaa	005	·	
Section 10	Township 23S Raz	nge 28E	NMPM EDDY	
	3008 KB	DF, KKB, KI, UK, MC.)	<i>\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(</i>	
		Johns of Notice D	Pennet or Other Data	
	Appropriate Box to Indicate N			
NOTICE OF IN	NTENTION TO:	SUE	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	ig opns. Plug and abandonment	
PULL OR ALTER CASING	· ·	CASING TEST AND C		
OTHER:		OTHER:	X	
Describe Proposed or Completed Opwork) SEE RULE 1103. SQUEEZED PERFS - PERF BR		d give pertinent dates, incl	luding estimated date of starting any proposed	
FIRST REPORT DATE 01/21/	94			
LAST REPORT DATE 02/08/)4			
FINAL TEST 25 OIL, 45 MCF	, 9 WTR			
SEE ATTACHED SQUEEZE AND) PERF WORK PERFORMED.			
I hereby certify that the information above is	true and complete to the best of my knowledge and			
MONATION LOCK JA	Sackey m	PRORATION ANAI	LYST DATE 2/9/94	
POOL BALL	· :Y		TELEPHONE NO.214 715-48	

TYPE OR PRINT NAME ROD L. BAILEY FEB 2 1 1994 (This space for State Use) SUPERVISOR, DISTRICT IL _ DATE _ _ YMLE _ APPROVED BY __ CONDITIONS OF APPROVAL, IF ANY: