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 Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30-015-26460

5. Indicate Type of Lease STATE ☐ FEE ☐

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: OIL WELL [X] GAS WELL ☐ OTHER

2. Name of Operator: Oryx Energy Company

8. Well No. 2

3. Address of Operator: P.O. Box 2880 Dallas, TX 75221

9. Pool name or Wildcat: Loving East - Delaware

4. Well Location
Unit Letter _____ : 1950 Feet From The North Line and 660 Feet From The ~~FSL~~ East Line

Section 10 Township 23S Range 28E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2997 GL

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	[X]	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.

1. MIRU WO unit, ND WH, NU BOP
2. POH w/ Rods & Tbg
3. RU W.L. - RIH w/ 5½" CIBP set at 6020'. Dump bail 4 sacks cement on CIBP. #35#
4. RIH w/ tbg to tag cement. Circulate hole w/ treated water. Test to 500# & record on chart ~~recorder~~ recorder.
5. ND BOP, NU well head. RDRR.

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

SIGNATURE [signature] TITLE Operations Tech. DATE 2-2-98

TYPE OR PRINT NAME Doug Castee1 TELEPHONE NO. 915 523-7030

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____