Submit 3 Copies to Appropriate

State of New Mexico



Energy, Minerals and Natural Resources Department District Office **OIL CONSERVATION DIVISION** P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-015-26749 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 SEP - 3 **1991** 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS O. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PEUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: GAS WELL Pardue Farms METT X 2. Name of Operator 8. Well No. Oryx Energy Company 3. Address of Operator 9. Pool name or Wildcat P.O. Box 26300 Oklahoma City, OK 73126-0300 Loving East - Delaware 4. Well Location Unit Letter A: 660 Feet From The North Line and 660 Feet From The East 23-S Township hip 23-S Range 28-E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 28-E **NMPM** Eddv 2997.8'GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB X 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. Spud well 5:15 p.m. on May 22, 1991. 2. Drilling from 0'-261'. Ran deviation survey. Drilling from 261'-500'. TD'd surface hole @ 22:45 5/22/91. No problems. Ran and cemented 12 jts. 8 5/8" 24# K55. ST & C casing. CS 500'. Howco cemented w/400 sx "C" w/2% CACL 2 and 1/4 # Flocele. PD @ 02:30 5/23/91. Circulated 140 sx to pit. Left 100 psi on casing. WOC. Nippled up BOP and pressure tested to 1000 psi. Held OK. Start drilling 5-24-91. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Proration Analyst ___ тпе___ Jan Stevenson TYPE OR PRINT NAME TELEPHONE NO.

- TITLE -

(This space for State Use)

ORIGINAL SIGNED BY

MITTER WILLIAMS

SEP 2 0 1991

SUPERVISOR, **DISTRICT II**: CONDITIONS OF APPROVAL, IF ANY: