

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

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

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

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

WELL API NO.
30-025-05430

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

C.S. Caylor, ~~E.S.~~ Sr. Estate

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
3

2. Name of Operator
Oryx Energy Company

9. Pool name or Wildcat
Lovington Abo

3. Address of Operator
P. O. Box 1861, Midland, Texas 79702

4. Well Location
Unit Letter D : 660 Feet From The North Line and 665 Feet From The West Line
Section 6 Township 17-S Range 37-E NMPM Lea County

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

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.

7-19-89 thru 7-20-89--Spot 2000 gals 2% KCL wtr & additives to tool, round trip tool thru perfs in circ mode pumping 2000 gals 2% KCL, spot 3000 gals 15% NEFEHCL acid to tool round trip PFT thru perfs 8310-8400 while in injection mode pumping 2 BPM

7-23-89--TIH w/ Reda pump on 2 3/8" tbg, NU wellhead, PS 7197' TS 7269'. Start well pumping.

8-1-89-- 24 SL 172 BO NWT 84 MCF NFL

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

SIGNATURE Jerry Sexton TITLE Accountant DATE 8-4-89
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 8 1989

CONDITIONS OF APPROVAL, IF ANY: