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. 30-025-29332

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. V-1129

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: Maduro State Com.

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: Oryx Energy Company

8. Well No. 1

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

9. Pool name or Wildcat: Gem-Morrow (Gas)

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 16 Township 19-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 13,712'

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 [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Perf & Frac Morrow [X]		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) RU HLS. PERF MORROW 13128-13148, 13216-13224, 13248-13268 & 13308-13320 W/ 4 SPF BY SCHLUMBERGER GR-CN-LD LOG DATED 12/26/85. PERF USING A 2-1/8" DYNASTRIP EXPENDABLE GUN, 0° PHASING.

2) RU HOWCO. TRAP 2000 PSI ON ANNULUS. FRAC MORROW W/ 39000 GAL 60Q ALCOFOAM & 58000# 20/40 ISP @ 12 BPM, MAX PRESS 10000 PSI AS FOLLOWS:

A) PUMP 20000 GAL PAD
B) PUMP 2000 GAL W/ 1 PPG 20/40 ISP
C) PUMP 3000 GAL W/ 2 PPG 20/40 ISP
D) PUMP 6000 GAL W/ 3 PPG 20/40 ISP
E) PUMP 8000 GAL W/ 4 PPG 20/40 ISP
F) FLUSH TO TOP PERF W/±3265 GAL 2% SLICK KCL WATER

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

SIGNATURE Maria L Perez TITLE Proration Analyst DATE 2-15-91

TYPE OR PRINT NAME Maria L. Perez TELEPHONE NO. 915/688-0375

(This space for State Use)

APPROVED BY [illegible] SEXTON [illegible] SUPERVISOR TITLE DATE 1991

CONDITIONS OF APPROVAL, IF ANY: