Submit 3 Copies to Appropriate District Office

State of New Mexico Energy,nerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

| P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | WELL API NO. |
|---|---|
| | 30-025-29332 5. Indicate Type of Lease |
| DISTRICT III | STATE Y FEE |
| 1000 Rio Brazos Rd., Aziec, NM 87410 | 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 |
| 1. Type of Well: Oil GAS CAS OTHER | Maduro State Comm. |
| 2. Name of Operator | 8. Well No. |
| Oryx Energy Company 1. Address of Operator | 9. Pool name or Wildcat |
| P. O. Box 1861, Midland, Texas 79702 | Gentles. Morrow |
| 1 | 560 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.) | |
| 11. Check Appropriate Box to Indicate Nature of Notice, 1 | Report, or Other Data |
| | BSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | X ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN | NG OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING CASING TEST AND C | CEMENT JOB |
| OTHER: OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc | luding estimated date of starting any proposed |
| work) SEE RULE 1103. 11-10-90 RIH w/Dump Bailer/Bail sand & gun debris 13,396-13. | 4231 |
| 11-11-90 Bail sand & debris from 13,423' to 13,425'/No progr | |
| 11-13-90 RIH w/1-11/16" chem. cutter & collar locator, cut t | |
| pkr assembly is pkr, 10' tbg sub, X nipple & 5' of to 13,512', shows 12' of fill above btm perf, RD 3 | cut tbg sub, chased cut piece |
| 11-14-90 Open well to sales 1200# FTP. | |
| 11-20-90 24F 0 BC 0 BW 300 MCF 200# T.P. | • |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKINATURE Maria L. Perez TYPE OR PRINT NAME | nalyst DATE 11-26-90 TELEPHONE NO. 915/688-037 |
| (This space for State Use) () () | |
| ADDROVED BY | |