

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

**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

WELL API NO.

30-025-04242

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

ALASKA COOPER

8. Well No.

4

9. Pool name or Wildcat

EUMONT YATES 7 RIVERS QN

**SUNDY 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.)

1. Type of Well:

OIL  
WELL ☐

GAS

WELL ☒

OTHER

2. Name of Operator

ORYX ENERGY COMPANY

3. Address of Operator

P.O. BOX 2880, DALLAS, TX 75221-2880

4. Well Location

Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line  
County

Section 12

Township 20

Range 36

NMPM LEA

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

3565 GL

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: ACIDIZE EXISTING PERFS ☒

**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.

MIRU

ACDZ SEVEN RIVERS QUEEN / PENROSE PERFS (2958-3390)  
DWN 2 3/8 TBG @ 2 BPM 200 SCF N2/BBL.  
TREATING PRESSURE OF 1000#, MAX TREATING PRESSURE OF 2000#.

PUMP 2500 GAS 15% NEHCL + 120,000 SCF N2.  
FLUSH WITH 20,000 SCF N2 @ 2000 SCF/MIN.

FLOW/SWB BACK IMMEDIATELY.

RR

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

SIGNATURE

*Rod L. Bailey*

TITLE

PRORATION ANALYST

DATE 11/22/93

TELEPHONE NO. 214 715-4828

TYPE OR PRINT NAME ROD L. BAILEY

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 30 1993