

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. 30-025-04455
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name J. A. AKENS
8. Well No. 1
9. Pool name or Wildcat EUMONT YATES 7 RIVERS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3564 GL

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 T : 466 Feet From The WEST Line and 2174 Feet From The SOUTH Line Section 3 Township 21S Range 36E NMPM LEA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

2/17/94 MIRU ACID ENG\ ACDZ 7-RIVERS QN 2910 - 3395 W/ 5000 GAL 15% NE HCL  
W/ 180,000 SCF N2/ FLSH W/ 20,000 SCF N2/ AVG INJ RT 3 BPM MAX 3 BPM  
AVG INJ PRESS 200 PSI, MAX 2200 PSI/ ISIP 650 PSI 15 MIN 30 PSI/  
OPEN TO TANK/ TBG PRESS 30 PSI TO 0/ RIH W SWAB NO FLUID IN WELL/ SDFN

2/18/94 NO PRESS NO FLUID IN HOLE LEFT OPEN TO TANK

2/22/94 RIH W/ SWAB LINE/ TAGGED FL @ 3100'/ AFT 6 HRS REC BW/ WELL CASING GOOD  
OPEN WELL TO SALES LINE/ SDFN

2/23/94 TEST 57 MCF 26# TBG RR

5/27/94 FINAL TEST 73 MCF 30# TBG NO FLUID  
DROPPED FROM REPORT  
PREV TEST 150 MCF FINAL TEST 73 MCF

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 06/16/94  
TYPE OR PRINT NAME ROD L. BAILEY TELEPHONE NO. 214 715-4828

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUN 21 1994

**RECEIVED**

**JUN 26 1994**

**UCC RECORDS  
OFFICE**