

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. 30-025-04460
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. 6
9. Pool name or Wildcat EUMONT YATES 7 RIVERS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 10' AGL

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 ☐

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 Q : 660 Feet From The EAST Line and 1980 Feet From The SOUTH Line
Section 3 Township 21S Range 36E NMPM LEA County

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.

1. MIRU

2. RU ACID ENGR. MAY REQUIRE ISOLATION TOOL. ACDZ 7 RIVERS/QUEEN (2920-3145) DWN 2 3/8" TBG @ 2 BPM LIQUID. RATE \$ 1500 SCF N2/BBL. EXP TP= 1000 PSI. MAX TP = 2000 PSI. TREAT AS FOLLOWS.

A) PUMP 5000 GALS 15% NE HCL + 180,000 SCF N2.

B) FLUSH W/ 20,000 SCF N2 @ 2000 SCF/MIN.

3. FLOW/SWB BACK IMMEDIATELY.

4. REPORT TO DALLAS.

5. 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 01/25/94

TYPE OR PRINT NAME ROD L. BAILEY

TELEPHONE NO. 214 715-4828

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 28 1994

CONDITIONS OF APPROVAL, IF ANY: