Submit 3 Copies to Appropriate District Office

## State of New Mexico En , Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.	
30-025-06646	
5. Indicate Type of Lease	
STATE	FEE X
6. State Oil & Gas Lease No.	

הופושורים וזו	5. Indicate Type of Lesse  STATE FEE X
DISTRICT III 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	O A 7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:	
OL GAS OTHER	W. W. Weatherly
2. Name of Operator Oryx Energy Company	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P. O. Box 1861, Midland, Texas 79702	Tubb 0il & Gas
	1000
Unit Letter G: 1980 Feet From The North Line and	1980 Feet From The East Line
Section 17 Township 21-S Range 37-E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GA, etc. 3483 GR	c.)
11. Check Appropriate Box to Indicate Nature of Notice	ce. Report, or Other Data
	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING
COMMENCE DA	
CASING 1251 AI	ND CEMENT JOB
OTHER: St	imulate X
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates work) SEE RULE 1103.</li> </ol>	, including estimated date of starting any proposed
1/15/91 MIRU X-pert WS.	
1/16/91 Wash perfs 6266-6436' w/2% KCL wtr, tag PBTD 6456	6
1/17/91 BJ acidize perfs 6266'6436' w/2500 gals 85/15 acid	
1/18/91 Flow \$ Swab.	d/xyrene + 55 tons co2 in 3 stages.
1/19/91 TIH w/2-3/8" prod. tbg and pumping setup, TS 6421 set w/12,000# tension, RIH w/2"x1.5"x12' pump on T	', SN 6388', 5-1/2" TAC at 5398'
20 thru $1/29/91$ Pumping.	70 Tod String.
1/30/91 24P 7 BO 3 BW 124 MCF	
1/30/91 24F / BU 3 BW 124 MCF	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Prorat:	ion Analyst pate
TYPEOR PRINT NAME Maria L. Perez	TELEPHONE NO. 915/688-03
	<del></del>
(This space for State Use) ORIGINAL SUMPORE OF APPEAR OF STATE ON	EEB 0 6 1931
District Control of the Control of t	

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APPROVED BY-

