

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. 30-025-06646
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W. W. Weatherly
8. Well No. 3
9. Pool name or Wildcat Tubb Oil & Gas

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 1861, Midland, Texas 79702	
4. Well Location 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, GR, etc.) 3483' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Stimulate ☒	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, POH W/ RODS & PUMP. ND WH, NU BOP. RLSE TAC, LOWER & TAG PBTD 6460'. POH.
- 2) RIH W/3-7/8" SKIRTED RB TO PBTD 6460'. PU & WASH THRU PERF INTERVAL 6266-6436' W/2% KCL WTR. LOWER & TAG PBTD, POH.
- 3) RIH W/ SN, 35 JTS 2-3/8" TBG, 4-1/2" BKR MODEL 'C' FULLBORE PKR ON 2-3/8" TBG TO TS 6300', PS 5250'. DROP SV, TEST TBG TO 4000 PSI, RETRIEVE SV. SET PKR, LOAD & TRAP 500 PSI ON BACKSIDE.

(Cont. on Pag. 2)

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

SIGNATURE Maria L. Perez TITLE Proration Analyst DATE 2-1-91
TYPE OR PRINT NAME Maria L. Perez TELEPHONE NO. 915/688-0375

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 01 1991

FEB 05 1991
H. J. CO. CE

12. Describe Proposed or Completed Operations. Cont.

- 4) BJ SERVICES ACDZ PERFS 6266-6436' W/2500 GAL ACID/XYLENE MIXTURE PLUS ADDITIVES FOAMED TO 80 QUALITY W/12,000 GAL CO₂. PUMP @ 4-6 BPM W/ PRESSURE NOT EXCEED 4000 PSI AS FOLLOWS:
 - A) 850 GAL 85/15 15% NEFEHCL/XYLENE + 4000 GAL CO₂.
 - B) 500 GAL GSB CARRYING 2 PPG RS.
 - C) 850 GAL 85/15 15% NEFEHCL/XYLENE + 4000 GAL CO₂.
 - D) 500 GAL GSB CARRYING 2 PPG RS.
 - E) 850 GAL 85/15 15% NEFEHCL/XYLENE + 4000 GAL CO₂.
 - F) FLUSH W/400 GAL NE 2% KCL WTR + 1600 GAL CO₂.
- 5) SI WELL 24 HRS. FLOWBACK LOAD + ACID WTR. EVALUATE OIL CUT.
- 6) RIH W/ PUMPING SET-UP AS BEFORE. POP, TEST.

REC'D

FEB 05 1991

HOL