

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>30-025-20362</u>
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>J.A. Akens #9</u>
8. Well No. <u>9</u>
9. Pool name or Wildcat <u>Oil Center Blinney</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3539 Ground level</u>

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 <u>Oryx Energy Company</u>
3. Address of Operator <u>P.O. Box 2880 Dallas TX. 75221</u>	4. Well Location Unit Letter <u>Q</u> : <u>1649'</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>21 S</u> Range <u>36 E</u> NMPM <u>lea</u> 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: <u>Set CIBP & load & test casing</u> ☒

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.

Top perf 5194"
Set CIBP in 5 1/2" casing at 5145 on 5-7-97 (Rotary wireline)
Loaded hole w/ 125 bbls 2% KCl w/ Tretolite packer fluid.
Tested casing to 580' for 30 minutes on 5-8-97
Rowland Trucking.

Approval for Temporary Abandonment

Approval of Temporary Abandonment Expires 5/1/02

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

SIGNATURE Douglas W. Castree TITLE Operations Technician DATE 5-8-97

TYPE OR PRINT NAME Douglas W. Castree TELEPHONE NO. 915-634-9765

(This space for State Use)

ORIGINAL FILED IN

APPROVED BY _____ TITLE _____ DATE 12 1997

CONDITIONS OF APPROVAL, IF ANY:

30 minutes

loaded hole
w/ 125 lbs 2%
KCl w/ Trilite
Packer fluid

Top reel 5197'
CIBP set 5145 by
Rotary wireline 5277

1000' spring
3 to clock
Dryx Rep.
Rowland Trucking Rep

Carl
Hess

3 A Akens #9
J-F Q
Sec 3
T215
C36E
New County
5-8 97