

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. 30-025-26069
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. 10
9. Pool name or Wildcat EUMONT YATES-7 RIVERS-QUEEN
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3584' KB 3597'

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 V : 1650 Feet From The WEST Line and 660 Feet From The SOUTH Line
Section 3 Township 21S Range 36E NMMP LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3584' KB 3597'

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

12/31/94 MIRU
1/1/95 START FRAC PROCEDURE
SEE ATTACHED PROCEDURE OF DAILY REPORTS
1/24/95 FINAL TEST REPORT
PREVIOUS TEST 0 OIL 88 MDF 0 WTR
FINAL TEST 0 OIL 2160 MCF 0 WTR

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Rod L. Bailey TITLE STAFF PRORATION ANALYST DATE 01/25/94
TYPE OR PRINT NAME ROD L. BAILEY TELEPHONE NO. 214-715-4828

(This space for State Use)
APPROVED BY DAVID H. GUNTER TITLE DEPT. SUPERVISOR DATE JAN 31 1995
CONDITIONS OF APPROVAL, IF ANY: