

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 NMPM LEA
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <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.

REMOVE CIBP AT 3290 TO OPEN QUEEN PERFS 3354-3377, 3391-3412, 3422-3437
ADD 7-RIVERS PERFS 3080-3082, 3096-3100, 3114-3116, 3126-3148, 3162-3168, 3182-3194
W/4" CSG GUN @ 2 SPF.

SET CIBP @ 3470

PERFORM CO2 FRAC ON PERFERD INTERVALS WITH FOLLLLOWING PROCEDURE:
SEE ATTACHED PROCEDURE:

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 12/21/94
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 _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 10 1961
OCD HOUSE
OFFICE