

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)

ATE
n re

Budget Bureau No. 1004-
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL N

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Oryx Energy Company

3. ADDRESS OF OPERATOR
P.O. Box 26300, Oklahoma City, O.K. 73126-0300

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
B, 1980' FEL & 810' FNL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3590.8' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
LC028731B

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Delta Wing Federal

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Undesignated-Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15, T17S, R29E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Recomplete to Wolfcamp ☒
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

DELTA WING FEDERAL #1

DWO, PLUG BACK, ADD PERFS, ACIDIZE, WITH CO2

10/03/91

*** FIRST REPORT ***

MIRU EXPERT WS/ SITP 2000 PSI, SICP 0 PSI/ BLEED WELL DOWN IN 4 HRS ON VARIOUS CHOKES/ FTP 2000 PSI TO 400 PSI/ LEFT WELL FLOWING TO PIT W/FLARE/ SDFN/ PREP TO KILL WELL, NU BOP & POOH W/PKR/

10/04/91

KILL WELL DWN TBG W/2% KCL/ ND WH/ NU BOP/ RLS PKR/ POOH/ RIH W/5-1/2" CIBP ON 2-7/8" PROD TBG/ SET CIBP @ 10545'/ SDFN/ PREP TO CIRC & DUMP 35' CMT ON CIBP & TEST TO 6000 PSI/

10/05/91

CIRC HOLE W/2% KCL FW/ POOH/ RU ATLAS WL/ DUMP 35' CMT ON CIBP @ 10545'/ RIH W/OTIS 5-1/2" PERMALATCH PKR & 2-7/8" N80 TBG/ SET PKR @ 10367'/ TEST CIBP TO 4000 PSI- OK/ POOH TO 10242'/ SDFN/ PREP TO POOH & PERF W/FCP/

10/06/91

CREWS OFF/

10/07/91

CREWS OFF/

10/08/91

POOH/ RU ATLAS WL/ RAN GR-CCL 9950-8000'/ RU LUBRICATOR/ PERF W/WOLFCAMP 8390-8412', 84222-28', 8522-28', 8532-36', 8792-8802', 2 JHPF, 96 HOLES/ RIH W/2-7/8", N80 PROD TBG TO 5910'/ SDFN/ PREP TO SPOT ACID/

18. I hereby certify that the foregoing is true and correct

SIGNED Jan Stevenson

TITLE Proration Analyst

DATE Dec. 12, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

1000
1000
1000

