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Form 3160-5  
 (June 1990)

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

FORM APPROVED  
 Budget Bureau No. 1004-0135  
 Expires: March 31, 1993

5. Lease Designation and Serial No.  
 NM-07106

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. #1  
 WEST INDIAN BASIN

9. API Well No.  
 30-015-10209

10. Field and Pool, or Exploratory Area  
 INDIAN BASIN UPPER PENN

11. County or Parish, State  
 EDDY  
 NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
 Use "APPLICATION FOR PERMIT—" for such proposals RECEIVED

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well  Gas Well  Other

AUG 29 '94

2. Name of Operator

ORYX ENERGY COMPANY

O. C. D.  
 ARTESIA, OFFICE

3. Address and Telephone No.

P.O. BOX 2880 DALLAS, TX 75221-2880

(214) 715-4828

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UT N SEC 17-T21S-R23E  
 660' FSL & 1980' FWL

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other ACID JOB
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

1. SEE ATTACHED ACID PROCEDURE AND TEST.

Aug 8 11 42 AM '94  
 RECEIVED  
 OIL  
 ARTESIA

*J. Lora*  
 26 1994

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

Signed Rod L. Bailey ROD L. BAILEY

Title PRORATION ANALYST

Date 08/04/94

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_