

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

30-025-27662  
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 025497
2. NAME OF OPERATOR Oryx Energy Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface G, 1880' FEL & 2500' FNL	8. FARM OR LEASE NAME Jennings "A" Federal
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3630.7' GR	10. FIELD AND POOL, OR WILDCAT Northeast Lusk Yates
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA 15, T-19-S, R-32-E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

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

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.)\*

2/20/90 MIRU DA&S WS TIH w/CIBP on 2 7/8" tbg & set @ 2950

2/21/90 Circ well w/9.8 PPG Mud/ Spot 15 sx C1 C 2629-2579/ TOH 1077/ Spot 15 Sx C1 C 1077-1027/ TOH Spot 13 Sx C1 C 493-393/ TOH Spot 7 Sx 50'-0'/ Cut off Csg 4' BGL & Install Dry Hole Marker/ Well P&A.

RECEIVED  
MAR 7 11 40 AM '90  
CARRIZO AREA

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

SIGNED Maria J. Perez

TITLE Proration Analyst

DATE 2-23-90

(This space for Federal or State office use)

APPROVED By: Signed by Adam Salameh

TITLE Proration Analyst

DATE 3-27-90

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore,  
Liability under bond is retained until  
surface restoration is completed.

\*See Instructions on Reverse Side