

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC.
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 1004-20
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 GAS WELL OTHER

2. NAME OF OPERATOR
Oryx Energy Company

3. ADDRESS OF OPERATOR
P. O. Box 1861, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
A, 660' FNL & 660' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3389' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM0557257

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Elliott B-15

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Paddock Penrose Skelly

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15, T-22-S, R-37-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" 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 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.)

- MIRU PU. NU BOP. POH W/ RODS & PUMP. LOWER & TAG PBTD (5153'). DROP SV & TEST TBG TO 3000 PSI. FISH SV. POH W/ 2-3/8" TBG.
- IF NECESSARY, RIH W/ 6-1/4" RB & SN ON 2-3/8" TBG. CO FILL TO 5153'. CIRC HOLE CLN W/ LSE WTR. POH.
- RU WSI. PERF GLORIETA 5038-83' & 5090-5110' BY SCHLUMBERGER GR/CCL/N LOG DATED 9-27-66 W/ 4" HSC, JRC 23 GC, 2 JSPF, 130 HOLES, 120 DEGREE PHASING. PERF GRAYBURG 3700-45' (2 JSPF), 3751-90' (1 JSPF), & 3804-32' (1 JSPF) BY SCHLUMBERGER GR/CCL/N LOG DATED 9-27-66 W/ 4" HSC, JRC 23 GC, 2 JSPF, 157 HOLES, 120 DEGREE PHASING.
- RIH W/ 7" RDG PKR & SN ON 2-3/8" TBG TO 5110'. RU ACID ENGINEERING. SPOT 200 GAL 20% NEFE HCL ACROSS GLORIETA PERFS. RAISE & SET PKR @ +-4980'. ACDZ PERFS 5038-5152' W/ 5000 GAL 20% NEFE HCL IN 4 EQ STGS @ 4 BPM. MAX PRES 3000 PSI. BLK W/ 400# GRS IN 400 GAL GSB BETWEEN EACH STG. HAVE 3000# EXCESS GRS ON LOCATION TO ADJUST BLK SIZES AS NECESSARY FOR 300-500 PSI BA. FLUSH W/ LSE WTR TO 5152' + 5 BBL OVERFLUSH.

(Cont. Page 2)

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

SIGNED Maria L. Perez TITLE Proration Analyst DATE 5-2-91

APPROVED BY _____ TITLE _____ DATE 5-15-91

CONDITIONS OF APPROVAL, IF ANY:
THIS IS NOT AN APPROVAL TO COMMENCE
PRODUCTION.

*See Instructions on Reverse Side

17. Describe Proposed or Completed Operations. - Cont.

5. FLOW & SWB BACK L&AW ASAP UNTIL ALL OF LOAD IS RECOVERED. POH.
6. RIH W/ 7" RBP, 7" RDG PKR, & SN ON 2-3/8" TBG. SET RBP @ 3900'. TEST RBP TO 3000 PSI.
7. RAISE TO 3840'. RU ACID ENGINEERING. SPOT 350 GAL 20% NEFE HCL ACROSS GRAYBURG PERFS. RAISE & SET PKR @ +-3560'. PRES UP ANNULUS TO 500 PSI. ACDZ PERFS 3587-3832' W/ 6000 GAL 20% NEFE HCL IN 5 EQ STGS @ 4 BPM. MAX PRES 3000 PSI. BLK W/ 500# GRS IN 500 GAL GSB BETWEEN EACH STG. HAVE 4000# EXCESS GRS ON LOCATION TO ADJUST BLK SIZES AS NECESSARY FOR 300-500 PSI BA. FLUSH W/ LSE WTR TO 3832' + 5 BBL OVERFLUSH.
8. FLOW & SWB BACK L&AW ASAP UNTIL ALL OF LOAD IS RECOVERED.
9. RLSE PKR. LOWER & CIRC GRS OFF RBP. LATCH RBP & POH. RIH W/ MA & SN ON 2-3/8" TBG AS BEFORE. ND BOP. NU WH. RIH W/ RODS & PUMP AS BEFORE. HANG WELL ON. RR.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Oryx Energy Company		Well API No. 30-025-10296
Address P. O. Box 1861, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Sun Exploration & Production Co., P. O. Box 1861, Midland, Texas 79702		

II. DESCRIPTION OF WELL AND LEASE		Federal	
Lease Name Elliott "B" 15	Well No. 2	Pool Name, including Formation Paddock	Lease No. NM557257
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Shell Pipeline Co.			P. O. Box 1509, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)			
Texaco Producing, Inc.			P. O. Box 3109, Midland, Texas 79702			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 15	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When ?
If this production is commingled with that from any other lease or pool, give commingling order number.						

IV. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature <u>Maria L. Perez</u>	Accountant
Printed Name Maria L. Perez	Title
Date 4-25-89	Telephone No. 915-688-0375

OIL CONSERVATION DIVISION	
JUN 19 1989	
Date Approved	_____
By	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
Title	_____

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.