

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-1  
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 ☐ 91 MAY -6 PM 2:04

2. NAME OF OPERATOR Oryx Energy Company 015 FARMINGTON, N.M.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any state or federal laws. See also space 17 below.) At surface 0, 990' FSL & 1850' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether FSL or FEL) 7253' GR

OIL CON. DIV.  
DIST. 3

5. LEASE DESIGNATION AND SERIAL NO. NM 23032

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME A/C NM015P35-86C-512

8. FARM OR LEASE NAME New Horizon

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Gavilan Mancos

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 2, T-24-N, R-2-W

12. COUNTY OR PARISH Rio Arriba 13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) ☐ (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.) \*

- 4-25-91 Unseat pump, lay down 3 rods.
- 4-26-91 RIH w/5-1/2" CIBP & set @ 6680'.
- 4-27-91 Tag CIBP @ 6680'/ Circ. hole clean & test csg - 1000#, OK.
- 4-30-91 Spot 20 sx CL 'C' cmt plug from 5100'-4950'/WOC 2.5 hrs./ TAG plug, OK/Displace hole w/9.5 #/gal mud. Spot 60 sx. CL 'C' plug from 3364-2918/Spot 20 sx cmt 1650-1500'.
- 5-1-91 TIH w/2-3/8" tbg & tag plug @ 2703', OK/ PU w/WS to 1659'/spot 20 sx CL 'C' cmt plug 1659 to 1500'/ POH LD WS./RIH w/perf gun & perf 4 sqz holes @ 330'/ Attempt to circ. down backside w/no returns/ NU WH adapter & pump down csg w/returns to surface/circ. cmt to surf out of braden head/RD/Cut off WH 4' BGL/ Weld on dry hole mkr.

Approved as to plugging of the well being  
Liability under bond is released until  
surface restoration is completed.

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

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

(This space for Federal or State office use)

APPROVED BY DATE MAY 10 1991

CONDITIONS OF APPROVAL, IF ANY: TITLE

MMOOD

\*See Instructions on Reverse Side