

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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 <input type="checkbox"/> API No. 30-015-26309		3. LEASE DESIGNATION AND SERIAL NO. LC-028731-B	
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 B, 1980' FEL & 810' FNL		8. FARM OR LEASE NAME Delta Wing Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3590.8' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Morrow	
		11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA 15, T-17-S, R-29-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

RECEIVED

SEP 19 '90

A. C. D.
ARTESIA, OFFICE

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 type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Spud & Set 13-3/8" surf. csg.		<input checked="" 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.)

4-3-90 Spudded 17-1/2" hole.

4-4-90 Drld. to 446', ran 11 jts 13-3/8", 54.5#, K-55, STC csg, CS @ 446', IF @ 406'.
Cmt'd w/425 sxs "C" cmt w/2% CaCl and .25 PPS Flakes. Circ'd 30 sxs cmt to surf. WOC 12 hrs.

ACCEPTED FOR RECORD

SEP 18 '90

CARLSBAD, NEW MEXICO

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

SIGNED

Maria L. Perez

TITLE Proration Analyst

DATE 8-31-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side