

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. *215F*

LC-028731-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ API No. 30-015-26309

RECEIVED

2. NAME OF OPERATOR

Oryx Energy Company

3. ADDRESS OF OPERATOR

P. O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

SEP 19 '90

B. C. D.
ARTESIA, OFFICE

B, 1980' FEL & 810' FNL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Delta Wing Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Grayburg-Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15, T-17-S, R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, WT, GR, etc.)

3590.8 GR

12. COUNTY OR PARISH

Eddy

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Set 5 1/2" Csg

(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.) *

5-3-90 Drld 7-7/8" hole to 10,950'. Ran 160 jts of 5-1/2", 17# N-80, K-55, LT&C & Buttress Csg. CS @ 10,950', FC @ 10,861'. Cmt'd w/1150 sxs 50:50:2 Poz-Mix H + .5% D-112 Fluid loss additive & .5% D-65 Dispersant, plug did not bump. Rotated pipe thruout cmt. job. Ran TD check, PBTD @ 10,803', Ran temp. survey, TOC @ 6400'. WOC 14 days.

RECEIVED FOR REVIEW

SEP 18 1990

CARLSBAD, NEW MEXICO

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

SIGNED

Maria L. Perez

TITLE

Proration Analyst

DATE

8-30-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side