

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other instr. as on re-
verse side)

Budget Bureau No. 1004-0133
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, Texas 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface N, 660' FSL & 1980' FWL	5. LEASE DESIGNATION AND SERIAL NO NM19429	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Scoggins Draw A Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Red Lake Atoka/Morrow	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 15, T-18-S, R-27-E	12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3412 GR											

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☒	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐	(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.)

- 1) RU HOWCO. TRAP 2000 PSI ON ANNULUS. FRAC MORROW W/ 39000 GAL 60Q ALCOFOAM & 58000# 20/40 OTTAWA SAND @ 12 BPM, MAX PRESS 8000 PSI AS FOLLOWS:
10000
- A) PUMP 20000 GAL PAD
 - B) PUMP 2000 GAL W/ 1 PPG 20/40 OTTAWA SAND
 - C) PUMP 3000 GAL W/ 2 PPG 20/40 OTTAWA SAND
 - D) PUMP 6000 GAL W/ 3 PPG 20/40 OTTAWA SAND
 - E) PUMP 8000 GAL W/ 4 PPG 20/40 OTTAWA SAND
 - F) FLUSH TO TOP PERF W/±2360 GAL 2% SLICK KCL WATER

RECEIVED
JAN 18 10 55 AM '91
CARTER
AREA

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

SIGNED <u>Max L. Perez</u>	TITLE <u>Proration Analyst</u>	DATE <u>1-17-91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>1-22-91</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side