

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC067832-A

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.)

RECEIVED

APR - 7 1992

O. C. D.

OIL ☐ GAS ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

ORYX ENERGY COMPANY

3. ADDRESS OF OPERATOR

PO BOX 2880 DALLAS TEXAS 75221
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface

1650
UNIT LTR. G 1980' FNL & 1605' FEL
14. PERMIT NO 15. ELEVATIONS (Show whether OF, RT, GR, etc.)

GL 3991'

7. UNIT AGREEMENT NAME

West Indian Basin

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Indian Basin Upper Penn

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

20, T21S, R23E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

10.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

SEE ATTACHED FOR RECOMMENDED PROCEDURE.

Approved _____
Liability _____
Signature _____

RECEIVED
MAR 21 11 07 AM '92
Post ID-2
4-10-92
P4A

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

SIGNED

John W. Houch

TITLE PPL Analyst

DATE 3/23/92

(This space for Federal or State office use)

APPROVED BY

David A. Mass

TITLE

DATE 4 3 92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side