

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-011
Expires August 31, 1985

451

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		JUN - 3 1992	
2. NAME OF OPERATOR ORyx Energy Company		O. C. D. REGIONAL OFFICE	
3. ADDRESS OF OPERATOR PO Box 2880, Dallas, TX 75201		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 G, 1980 FNL ; 1980 FEL		8. FARM OR LEASE NAME Federal 28	
14. PERMIT NO 30-015-10621		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3950 DF		10. FIELD AND POOL, OR WILDCAT INDIAN BASIN - UPPER PENNSYLVANIAN GAS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28-21S-23E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

16. 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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input 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.)*

4-14-92 MOVED IN WELL SERVICE RIG, POH W/ 2 3/8ths tubing
4-15-92 KILLED WELL WITH 2% KCL WTR, TIH WITH NEW SEAL ASSBLY FOR 2 7/8 TBG, PREP TO PERF.
4-16-92 PERF UPPER PENN 7132-84', 7250-61', 7287-7304', & 7319-28', 4JSPF/TOTAL 356 HOLES
4-17-92 ACDZ PERFS W/3200 GALS 15% NEFEHCL FOAMED TO 75 QUALITY W/N2 & 2000# GRS IN 2 STAGES. DISP ACID W/ 25000 SCF N2. REC 0 BO & 47 BLAW & GOOD GAS SHOW W/ 550 PSI TP. TURN WELL TO PRODUCTION VESSEL ON 3/4" CHOKE.
4-18 to 4-21-92 FLOWED WELL ON 3/4"CHK, RECOVERING LOAD WTR, 262 BO, 114 BW, 11,224 MCF
4-22-92 FINAL RPT**24hrs/ F / 1/2" CHK/ FTP 820 PSI/ 91 BO, 14 BW, 4721 MCF/
BEFORE WORKOVER: 24hrs/F/ FTP 625 PSI/ 63 BO, 6 BW, 3579 MCF

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

SIGNED Ernest Schism

TITLE Professional Utilization Rep.

DATE 5-12-92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side