

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

LOGGERS BUREAU NO. 1004-0135
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. 30-015-25007		3. LEASE DESIGNATION AND SERIAL NO. NM0424859	
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 P, 1200' FSL & 330' FEL		8. FARM OR LEASE NAME Bunnell Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4075.5' GR		10. FIELD AND POOL, OR WILDCAT Indian Basin Upper-Penn Gas	
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA 18, T-21-S, R-23-E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Add perfs and acidize	
(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.)

7/25/90 Kill well, set plug in profile nipple at 6971', press test tbq to 3000 psi for 15 min. OK, retrieve plug, perf Upper Penn 7005-10, 7085-90, 7172-76, 7209-18, 2 JSPF 54 holes.

7/26/90 BJ acidize perfs 7005-7287' w/12,000 gals 75 quality 20% HCL.

7/27/90 Well flowing in heads, TP fluctuating from 100 to 200 psi, making 10 to 11 BPH.

7/28/90 Put down the line at 10:45 am, 1" chk, TP 930 psi, est. rate 840 MCFD.

7-29 to 8-2-90 Flowing.

8/3/90 24 F 6 BC 15 BW 2082 MCF 600# TP 1" chk.

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

SIGNED Maria L. Perez TITLE Proration Analyst DATE 8/8/90
Maria L. Perez
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side