

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other
instructions on
reverse side)FORM APPROVED
OMB NO. 1004-0137

Expires: February 28, 1995

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other DRY HOLE

2. NAME OF OPERATOR

ORYX ENERGY COMPANY

3. ADDRESS OF OPERATOR

P.O. BOX 2880, DALLAS, TX 75221-2880

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1450 FSL & 1650 FEL

At top prod. interval reported below

1650 FSL & 1650 FEL

At total depth

1650 FSL & 1650 FEL

14. PERMIT NO.

30-015-28556

DATE ISSUED

08/26/95

12. COUNTY OR
PARISH
EDDY

13. STATE

NEW MEXICO

15. DATE SPUNDED

11/02/95

16. DATE T.D. REACHED

12/03/95

17. DATE COMPL. (Ready to prod.)

N/A

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

3971

19. ELEV. CASINGHEAD

3971

20. TOTAL DEPTH, MD & TVD

7277

21. PLUG BACK T.D., MD & TVD

SURF

22. IF MULTIPLE COMPL.
HOW MANY*

N/A

23. INTERVALS
DRILLED BY

ROTARY TOOLS

YES

CABLE TOOLS

24. PRODUCING INTERVAL (S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)*

N/A

25. WAS DIRECTIONAL
SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

27. WAS WELL CORED

NO

28.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
9 5/8	36	1244	12 1/4	450 TAIL W/610	NONE

29.

LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size, and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	OIL CON. DIV.
	DIST. 2

33.*

PRODUCTION

53.

DATE OF FIRST PRODUCTION N/A		PRODUCTION METHOD (Flowing, gas lift, pumping-size and type of pump)					WELL STATUS (Producing or PLUGGED)	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL - BBL.	GAS - MCF.	WATER - BBL.	GAS - OIL RATIO	
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24 HOUR RATE →	OIL - BBL.	GAS - MCF.	WATER - BBL.	OIL GRAVITY - API (CORR.)		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

STAFF PRORATION ANALYST

DATE

12/28/95

*(See Instructions and Spaces for Additional Data on Reverse Side)