

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

Expires August 31, 1985
04/28

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

RECEIVED

MAY 18 '89

O. C. D.
ARTESIA OFFICE

Unit ltr. G
2265' FNL & 1550' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH **Eddy** 13. STATE **N.M.**

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Change Company Name</u>	<input checked="" 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.)

Company Name Changed From: Sun Exploration & Production Co.
P. O. Box 1861
Midland, Texas 79702

RECEIVED
MAY 12 11 03 AM '89

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

SIGNED Maura L. Perry TITLE Accountant DATE 4-25-89

(This space for Federal or State office use)

A/C 915-688-0375

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side