

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT

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

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM-16814

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 Salt Water Disposal Well 10-4 AM '90

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
L, 660' FWL & 1055' FSW

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3044' GR

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bedena Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Brushy Draw-Delaware

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

18, T-26-S, R-30-E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

16. 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 COMPLETE

ABANDON*

CHANGE PLANS

| |
|-------------------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <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.)

API 30-015-25273

Objective: Plug & Abandon Well.

NOTE: Notify NMOC 24 hrs. prior to beginning operations.
BLM

- 1.) MIRU PU. ND WH. TIH w/ 5 1/2" CIBP, setting tool, 2' perforated sub, on 2 3/8" WS to 3250'. Set CIBP @ 3250'. CIRC. hole w/ 9.5 #/GAL MUD. Spot 2 SX CL. 'C' CMT on CIBP. POH.
- 2.) Work stretch on 5 1/2" CSG. & cut CSG. @ ± 2400'.
- 3.) TIH w/ 2 3/8" WS OE to 2400'. Spot 50 SX. CL 'C' CMT from 2400' to 2254'. PU w/ WS to 400' CIRC. CMT to surf w/ approx 110 SX. CL 'C' CMT.
- 4.) POH w/ WS. RD. out off CSG. 4' BGL. Weld on steel plate & dry hole marker. Clean up location RR.

TAG PLUG.

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

SIGNED

Mary L. Perry

TITLE Proration Analyst

DATE 10-9-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 10-12-90

*See Instructions on Reverse Side