

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

EXPIRES AUGUST 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-22634

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Oryx Energy Company	8. FARM OR LEASE NAME Mobil 22 Federal
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface N, 990' FSL & 2310' FWL	10. FIELD AND POOL, OR WILDCAT Brushy Draw-Delaware
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22, 26-S, 29-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2892' GR	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

RECEIVED

FEB - 1 '90

B. C. D.
ARTISAN OFFICE

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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) Convert to Water Injection ☒

(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.)*

Authority to Inject
Case No. 9646
Order No. R-9001
API No. 30-015-25321

Mobil 22 Federal #5

12/8/89 MIRU Pride WS
12/9/89 Check for fill, test tbg to 3500#
12/12/89 PF Delaware 4938-5010, 1 SPF, 73 total w/4" csg gun/ TIH w/MOD "R" pkr on 2 7/8" tbg, set pkr @4846/Press ann to 500 PSI/Acdz pfs 4938-5010 w/2100 gal 7 1/2% NEFEHCL + 134 1.3 SG RCNBS/EIR 4 BPM @800 PSI MXTTP 800, MNTTP 400, ATP 600 PSI @4.0 BPM, ISIP Vac/flush w/35 BBL produced water.
12/13/89 Run paraffin knife to 1800, SWB, EIR into pfs 5 BPM @50 PSI w/a total of 75 BBL FSW/ISIP Vac.
12/16/89 TIH w/Nickel Plated Perma Latch Prk on 2-7/8" C.L. Tbg to 4835/circ well w/pkr fluid/ND BOP, NU WH/Set pkr w/12000# WT, press Ann to 500 PSI, 30 min.

Adam: This well started injecting 12-20-89 @480 BWPD on Vac.
As of 1-17-90 this well is injecting 475 BWPD on vacuum.

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

SIGNED Maria L. Perez TITLE Accountant DATE 1-18-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-17-90
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side