

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM 16814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bedena Federal

9. WELL NO.

2

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 13. STATE

Eddy

N.M.

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

D, 330 FNL & 330 FWL

14. PERMIT NO.

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

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change Company Name

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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

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

SIGNED

Maia L. Perry

TITLE

Accountant

A/C 915-688-0375

DATE

4-25-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side