

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0114
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NNNM23034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

TWILIGHT ZONE

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Gavilan Mancos

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

12, T24N, R2W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

ORYX ENERGY COMPANY

3. ADDRESS OF OPERATOR

PO BOX 26300, Oklahoma City, Oklahoma 73126-0300

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit Ltr. J, 1850' FSL & 1850' FEL

14. PERMIT NO.

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

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Temporary Abandon Well ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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.)

PROCEDURE TO TEST CASING INTEGRITY AND KEEP WELL IN T.A. STATUS FOR UP

TO 5 YEARS:

1. Notify BLM 48 hours prior to beginning work.
2. MIRU WS RIG. ND WH. NU BOP. Rise TAC & POOH standing w/ 2-7/8" tbg & TAC. RIH w/ 5 1/2" CS to + 6800'. POOH standing w/ 2-7/8" TBG.
3. RIH w/ 5 1/2", 15.5, 17# CIBP on 2-7/8" TBG & set @ +6750'. Rise off CIBP & CIRC hole w/ lease water.
4. Latch onto CIBP & pressure test csg to 500 psi for 30 minutes. (Csg must test for 30 minutes with pressure drop not greater than 10%)
5. Bleed off pressure. Rise off CIBP. POOH & LD 2-7/8" TBG. ND BOP. NU WH. RDMO WS Rig.
6. Submit 3160-5 for temporary abandonment of well.

RECEIVED

NOV 1 1991

OIL CON. DIV.]

DIST. 3

THIS APPROVAL EXPIRES NOV 01 1992

RECEIVED
BLM
91 OCT 28 PM 11:37
GEOGRAPHIC, N.M.

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

SIGNED Jan Stevenson

TITLE Proration Analyst

DATE Oct. 24, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

OCT 30 1991

CONDITIONS OF APPROVAL, IF ANY:

AREA MANAGER
PRORATION RESPONSE AREA

*See Instructions on Reverse Side