

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM 011 CONSERVATION COMMISSION (reverse side)  
Artesia, NM 88210

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

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 **AUG 18 '89**
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702 **O. C. D.**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.) **ARTESIA, OFFICE**  
At surface

B, 660' FNL & 1980' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
21. T-7-S, R-26-E
12. COUNTY OR PARISH Chaves 13. STATE N.M.

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) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) Change Company Name ☒ **XX**

(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.  
*Eff. 5/3/89* P. O. Box 1861  
Midland, Texas 79702

RECEIVED

MAY 12 11 29 AM '89

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

SIGNED Maria L. Perez  
(This space for Federal or State office use)

TITLE Accountant  
A/C 915-688-0375

DATE 4-25-89

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED  
DATE  
PETER W. CHESTER

AUG 16 1989

\*See Instructions on Reverse Side