

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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(Other instruct.  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC028731B
2. NAME OF OPERATOR Oryx Energy Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 23600, Oklahoma City, O.K. 73126-0500		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  B, 1980' FEL & 810' FNL		8. FARM OR LEASE NAME Delta Wing Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3590.8' GR		10. FIELD AND POOL, OR WILDCAT Undesignated-Wolfcamp
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 15, T17S, R29E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

(Other) Recomplete to Wolfcamp  (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.)\*

- MIRU PU. NU BOP. RLSE PKR & POOH W/ 2 7/8", 6.5#, N-80 TBG, OSTSD, OTIS PERMA-LATCH PKR. RIH W/ CIPB & SET @ 10,100'. SPOT 35' CMT ON TOP. CIRC HOLE CLN W/ 2% KCL WTR. POH W/ 2 7/8" TBG. WOC. RIH W/ 5 1/2" PKR & SN ON 2 7/8", 6.5#, N-80 TBG. TAG CMT PLUG. RAISE & SET PKR. PRES ANNULUS TO 2000 PSI. TEST CMT PLUG TO 6000 PSI. RLSE PKR & POOH.
- RU ATLAS WL. RUN GR/CCL 9950'-8000'. NU LUBRICATOR. PERF WOLFCAMP 8390-8412', 22-28', 8522-28', 32-36', 8792-8802' BY GR/CNL/FDC LOG DATED 4/30/90 W/ 4" HSC, JUMBO JET II 23 GC, 2 JSPF, 96 HOLES, 120 DEGREE PHASING.
- RIH W/ 2 7/8", 6.5#, N-80 TBG TO 8810'. RU BJ. SPOT 500 GAL 20% NEFE HCL 8810-8298'. POOH.
- RIH W/ 5 1/2" LOK-SET PKR W/ PUMP OUT PLUG IN PLACE (SET TO SHEAR @ 6000 PSI), & SN ON 2 7/8", 6.5#, N-80 TBG. SET PKR @ 8300' W/ 15 PTS COMP. ND BOP. NU WH. NU POPOFF VALVE ON ANNULUS SET @ 3000 PSIA. PREPARE SURFACE LINES FOR IMMEDIATE FLOWBACK. BJ ACDZ WOLFCAMP PERFS AS FOLLOWS:

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

SIGNED Jan Stevenson TITLE Proration Analyst DATE Sept. 19, 1991

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 9/25/91

CONDITIONS OF APPROVAL, IF ANY:

**NO DUPLICATION**

\*See Instructions on Reverse Side