

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 1100  
MIDLAND, TEXAS 79702

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-100-100  
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 <input type="checkbox"/> Dry Hole	5. LEASE DESIGNATION AND SERIAL NO NM 025497
2. NAME OF OPERATOR Oryx Energy Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702	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 G, 1880' FEL & 2500' FNL	8. FARM OR LEASE NAME Jennings "A" Federal
14. PERMIT NO	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3630.7' GR	10. FIELD AND POOL, OR WILDCAT Northeast Lusk Yates
	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA 15, T-19-S, R-32-E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<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)	<input type="checkbox"/>		

(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.)

- \* CONTACT BLM OFFICE - - - - -
1. MIRU. RIH W/CIBP ON 2-7/8" WS. SET CIBP @ 2950'. DUMP 5 SX CMT ON TOP. PUH.
  2. SPOT 7 SX CMT PLUG FROM 2629'-2579'. PUH.
  3. SPOT 7 SX CMT PLUG FROM 1077'-1027'. PUH.
  4. SPOT 13 SX CMT PLUG FROM 493'-393'. PUH.
  5. SPOT 7 SX CMT PLUG FROM 50' TO SURFACE. POH.
  6. CUT CSG 4' BGL & WOSP. INSTALL DRY HOLE MARKER.
  7. RLSE RIG & CLEAN UP LOCATION.

\* LADEN MUD BETWEEN CEMENT PLUGS - - - - -

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

SIGNED Maria L. Perez

TITLE Accountant, 915-688-0375

DATE 11-3-89

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Adam Salomah

TITLE PETROLEUM

DATE 11-16-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
NOV 20 1989  
OCD  
HOBBS OFFICE