

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
Other instructions  
verse side

310N

Form approved  
Budget Bureau No. 1004-1  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL

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 Dry Hole

2. NAME OF OPERATOR Oryx Energy Company

3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79701

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

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3630.7' GR

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME Jennings "A" Federal

9. WELL NO. 3

10. FIELD AND POOL OR WILDCAT Northeast Lusk Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-19-S, R-32-E

12. COUNTY OR PARISH Lea 13. STATE New Mexico

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 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) <u>Request to keep well TA'd</u>	<input checked="" 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.)\*

Request approval for well to remain TA'd. Plans are to plug and abandon this well.

RECEIVED  
JUN 23 11 29 AM '89

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

SIGNED Mary L. Perez TITLE Accountant DATE 6-22-89

(This space for Federal or State office use)

APPROVED BY [Signature] FOR: CHIEF DATE 6-30-89

CONDITIONS OF APPROVAL IN APL  
12 MONTH PERIOD

6/30/90

\*See Instructions on Reverse Side