

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI  
(Other instructions  
verse side)

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re

Budget Bureau No. 1004-01-0000  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

4-04591  
6 IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
McAlpine Federal

9. WELL NO.

1  
10. FIELD AND POOL, OR WILDCAT

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

19. T-18-S, R-34-E

12. COUNTY OR PARISH 13. STATE  
Lea New Mexico

1  
OIL WELL ☒ GAS WELL ☐ OTHER API 30-025-31053

2. NAME OF OPERATOR  
Oryx Energy Company

3. ADDRESS OF OPERATOR  
P. O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
E, 1830' FNL & 660' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3968.5' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) Ran & Cmt'd 5-1/2" csg

(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.)\*

12-17-90 Drilled 7-7/8" hole to 7475' TD. Ran 179 jts, 5-1/2", 17# & 15.50#, L-80 K-55 LT&C & ST&C Csg. CS @ 7475, FC @ 7385'. Cmt'd w/500 sxs, 65-35 poz, w/6% gel, 10% salt, .85% FLA, followed by 500 sxs "C" w/3% retarder & .75% FLA.

12-18-90 Ran temp. survey, TOC @ 2750'. PBTD @ 7135'. WOC 7 days.

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

SIGNED Mark J. Perry

TITLE Proration Analyst

DATE 2-18-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side