

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT, BOX 100

SUBMIT IN TRIPlicate
(One in original, one in copy, one in triplicate)

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

5. LEASE DESIGNATION AND SERIAL

NM 53992

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sun Bright Federal Com.

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Gem-Morrow (Gas)

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

21, T-19-S, R-33-E

12. COUNTY OR PARISH

13. STATE

Lea

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

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

C, 920' FNL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3627.9' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.) *

6-30-89 Perf'd 13,240' - 13,244' 4 JSPF, perf'd 13,130' - 13,150' 4JSPF, Perf'd 13,185' - 13,191', 13,293' - 13,308' 4JSPF, 13,240 - 13,244' 4JSPF, Open well to sales.

7-10-89 24 hrs flowing 25 BC, 0 BW, 1,500 MCF 1/2" choke, 950# TP.

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

SIGNED

Monica T. Pore

TITLE Accountant

DATE

7-12-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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