

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004- 115
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 ☐ GAS WELL ☒ OTHER Unsuccessful Workover/Recompletion
2. NAME OF OPERATOR ORYX ENERGY COMPANY
3. ADDRESS OF OPERATOR PO Box 2880, DALLAS TX 75221
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface G, 1980 FNL + 1980 FEL
14. PERMIT NO. 3-20-91 15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3648.5 GR

5. LEASE DESIGNATION AND SERIAL NO. NM 077004
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Hudson Federal
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT BCM-MORROW GAS
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 14 17-17S-33E
12. COUNTY OR PARISH Lea 13. STATE NM

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 PLANT ☐

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.)*

SQZD OFF WOLFCAMP PERFS (11853-11572) & REPERFED & FRACTURED MORROW @ 13223-250, 13269-285. WORKOVER UNSUCCESSFUL
WELL TA'D. (Activity Report Attached)

RECEIVED
MAR 9 10 27 AM '92
OFFICE OF THE ATTORNEY GENERAL

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

SIGNED

Emell Schirmer

TITLE

Prof. Investigation Rep.

DATE

3/4/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAR 19 1992

JCD HOBBS OFFICE