| Form 3160-5 (November 1983) (Formerly 9-331) | DEPARTM | IN ED STATES EN OF THE INT OF LAND MANAGE | ERIOR refree side) Chillips | Form approved Budget Bureau Expires Augus 5. LEASE DESIGNATION | No. 1004-0135 t 31 - 1985 | |
|---|---|---|---|--|------------------------------|--|
| SUN (Do not use this | _ NM 077004 | | | | | |
| I. OIL X GAS WELL | 7. UNIT AGREEMENT N | 7. UNIT AGREEMENT NAME | | | | |
| 2. NAME OF OPERATOR | | | | 8 PARM OR LEAGE MAN | 8. FARM OR LEASE NAME | |
| Oryx Energy Company 3. ADDRESS OF OPERATOR | | | | | Hudson Federal | |
| P. O. Box 180 4. LOCATION OF WELL (See also space 17 bel At surface | 9. WBLL NO. 10. FIELD AND POOL, O | 9. WBLL NO. 1 10. FIELD AND POOL, OR WILDCAT | | | | |
| G, 1980 | Wildcat 11. SEC., T., R., M., OR I SURVEY OR AREA | WIICCAL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | | | |
| 14. PERMIT NO. 15. ELEVATIO | | 15. ELEVATIONS (Show wheth | er DF, RT, GR, etc.) | Sec. 17, T-1 12. COUNTY OR PARISH | 9-S, R-33-E | |
| 1-26-89 | | 3651.4' GR | , | Lea | | |
| 16. | Check App | ropriate Box To Indica | te Nature of Notice, Report, or | | New Mexico | |
| | NOTICE OF INTENTI | ON TO: | 1 | QUENT REPORT OF: | | |
| TEST WATER SHUT-O | PU PU | L OR ALTER CASING | WATER SHUT-OFF | | | |
| FRACTURE TREAT | MU | LTIPLE COMPLETE | FRACTURE TREATMENT | REPAIRING W | 1 | |
| SHOOT OR ACIDIZE | AB. | NDON* | SHOOTING OR ACIDIZING | ABANDONMEN | <u> </u> | |
| REPAIR WELL (Other) | Сн | ANGE PLANS | (Other) See | Notation* its of multiple completion of | X | |
| * Amend 9-33 to a <u>Wildo</u> Plat is al | BlC Applicat cat Field Wo so amended | tion for Permit to lfcamp Formation to assign a 40 a | completion or Recompletion or Recompletion or Recompletion or Recompletion or Recompletion of Recompletion or | Gem-Morrow Gas | Pool ation | |
| Production | Co. | | Oryx Energy Company f | rom Sun Explorat | ion & | |
| * To report | spud date, | casing & cementi | ng operations. | | | |
| . IF | 394'. How | o cmt'd w/425 sx | 13 3/8", 54.5#, K-55, s 'C' cmt w/2% CC + 1/4 irc'd 110 sxs to surf. | 4;⁴/sk Flocele.] | 419', FP 150-300#. | |
| FC in | 5155'. How w/200 sxs ' | co cmt'd w/2600 | C 119 jts, 8 5/8", 32# sxs Lite W/10% salt + 0#-2000#, floats held, 11 hrs. | 1/4#/sk Flocele. | tailed | |
| e. | | | | Continued- | _ | |
| . I hereby certify that t | he foregoing is pro | e and correct | | | | |
| SIGNED MANY J. PLASE, TI | | | Accountant | DATE <u>6-1</u> 4-8 | DATE <u>6-14-89</u> | |
| (This space for Federa | l or State office u | e) | | | | |
| APPROVED BYCONDITIONS OF APP | ROVAL, IF ANY: | TITLE | | DATE | | |
| | | | | 新教育 | 1 | |
| | | *See Instructio | ons on Reverse Side | SUS | | |