

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONSERVATION COMMISSION
P.O. BOX 1986
HOBBS, NEW MEXICO

88240 FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

ORYX ENERGY COMPANY

3. Address and Telephone No.

P.O. BOX 2880 DALLAS, TX 75221-2880

214 715-4828

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SEC 26, T22S, R34E LEA COUNTY

Unit 2

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. 1

OJO CHISO FEDERAL

9. API Well No.

30-025-30604

10. Field and Pool, or Exploratory Area

ATOKA

11. County or Parish, State

LEA

NEW MEXICO

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

8/15/94 MIRU. SITP 4200#. BLEED OFF IN 3 HRS/ PUMP 70 BBLS 2%KCL WTR DN TBG/ RLS PKR/ WELL
KICKED/KILL WELL W/120 BBLS 2% KCL WTR. SDFN
8/16/94 POH W/TBG&PKR./ TH W/4 1/2 CMT RET. TO 12000/ HYDRO TEST TBG TO 6000#. SDFN
8/17/94 SET PKR AT 13093/ SQZ MORROW PERFS W/81 SXS. TOH
PREPARE TO PERF ATOKA TOMORROW.
8/18/94 PERF ATOKA @ 12080-12294 . TH W/BKR LOC SET PKR ON 2 3/8 & 2 7/8 TBG/ SET PKR @
12025 SDFN PREP TO ACDZ
8/19/94 ACDZ ATOKA W/200 GALS 15% HCL/ FLUSH WITH 50000 SCF N2/ ISIP 6672/ 5 MIN SIP 6497/
MIN SIP 6447. SI 2 HRS WAITING ON CHK VALVE. OPEN TO TANK
ON 1/2" CHK/ F 2 HRS FTP 6000 TO 0#/ REC 17 BLAW/ RU SWAB/ SDFN
SWAB 2 HRS WELL STARTED FLOWING/ F 1 HR FTP 180 TO 0#/ REC 0 BO, 17BLAW SDFN
8/20/94 SITP 1025#/ OPEN WELL/ F 1 HR REC 4BLAW/ RU SWAB/SWAB 4 1/2 HRS REC 0 BO, 14 BLAW/ SDFN
8/21/94 SITP 1850#/RU WL/ R/H W/PLUG & SET IN PROFILE @ 12025/ BLEED PRS/ RLS ON-OFF

TOOL/RETRIEVE WL PLUG/TA WELL WILL MONITOR TBG PRESS FOR EVALUATION

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

Signed ROD L. BAILEY

Title PRORATION ANALYST

Date 09/21/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

8 1994

JV

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side