

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0155  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM 43564

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ojo Chiso Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Ojo Chiso (Morrow)

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

26, T-22-S, R-34-E

12. COUNTY OR PARISH

Lea

13. STATE

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, 990' FNL & 2310' FWL

14. PERMIT NO.

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

3435.9' 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\*

Ran & cmt'd intermediate csg

(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.)\*

8-19-90 Drld 12 1/4" hole to 4860', Ran 113 jts, 9 5/8", 36#, K-55, STC Csg, CS 4853', FC 4768', Stuck csg 7' off btm while reciprocating, Howco cmt'g w/1500 sxs 35:65:6 Lite 'C' w/10% salt + 5#/sx Gilsonite + 1/4#/sx floccle, tailed in w/150 sxs Class 'C' neat. FP 1200-1700#, circ'd 435 sxs, Floats held O.K. WOC 13 hrs.

RECEIVED  
MAY 15 11 04 AM '90  
CARLSBAD  
AREA OFFICE

ACCEPTED FOR RECORD

CARLSBAD, NEW MEXICO

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

SIGNED

Maria L. Perez

TITLE

Proration Analyst

DATE

5-10-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side