

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Oryx Energy Company	8. FARM OR LEASE NAME Ojo Chiso Federal
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, TX 79702	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT Ojo Chiso (Morrow)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-, T-22-S, R-34-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3435.9' GR	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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 ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

9. Other

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Spud & Set Surf. Csg.

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

X

(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.) *

8-10-90 Spudded 17 1/2" hole @ 10:45 A.M.

8-14-90 Ran 42 jts, 13 3/8", 54.5#, K-55, STC & BTC Csg, CS @ 1750'; FC 1726', Howco cmt'd w/1700 sxs 'C' w/2% gel + 2% CC + .2% HR-5, tailed in w/400 sxs 'C' w/1% CC, FP 600-600#, did not drop plug, full circ thru out, circ'd 933 sxs cmt to pit, floats held O.K. WOC 12 hrs.

ACCEPTED FOR RECORD

Adm

207-14-104

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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED
MAY 15 11 03 AM '90
CARLSBAD
AREA OFFICE
LAND MANAGEMENT