

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NO. 100-100000-1
OTHER: 100-100000-1
100-100000-1

FILE NO. 100-100000-1
100-100000-1

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.)

NM43564

IF INDIAN, ALLOTTEE OR TRIBE

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Ojo Chiso-Fed.

WELL NO.

1
FIELD AND POOL OR WELL AT

Ojo Chiso (Morrow)
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 26, T-22-S, R-34-E
12. COUNTY OR PARISH 13. STATE

Lea New Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL ☐ WELL ☒ WELL ☐ API NO. 30-025-30604

2. NAME OF OPERATOR
3. ADDRESS OF OPERATOR
Oryx Energy Company

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 OF, RT, OR, etc.)

3435.9' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
OTHER ☐

WATER SHUT OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Change well name ☒

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

17. (If work proposed or completed operations, show by 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.)

Change well name on Form 9-331C Application for Permit to Drill from the
Sun "A" Federal No. 1

Also, Change Operator name from Sun Exploration & Production Co.

RECEIVED

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

SIGNED Maria L. Perez TITLE Accountant/915-688-0375 DATE 8-1-89

(This space for Federal or State office use)

APPROVED BY JOHN A. SELL, DAVID B. CLAES TITLE DATE
CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side