

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM-43564 |
| 2. NAME OF OPERATOR Oryx Energy Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, TX 79702 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 0, 2030' FEL & 990' FSL | | 8. FARM OR LEASE NAME Ojo Chiso Federal |
| 14. PERMIT NO. | | 9. WELL NO. 2 |
| 15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3415.0' GR | | 10. FIELD AND POOL, OR WILDCAT Antelope Ridge-Atoka Gas |
| | | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 26, T-22-S, R-34-E |
| | | 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 ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

Reassigning Proration Unit

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.)*

Change 320-acre proration unit from S $\frac{1}{2}$ laydown to E $\frac{1}{2}$ standup of Sec. 26. This reassignment will throw well into unorthodox location and will allow us to drill Well No. 3 on the W $\frac{1}{2}$ of this section.

Originally sent Form 9-331C, dated 4-5-90, with this request. Information transferred to Sundry as per Adam Salameh, P.E. request.

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

SIGNED Mary L. Perez

TITLE Proration Analyst

DATE 4-25-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 5-3-90

*See Instructions on Reverse Side