Form 9-331 C
(May 1963)

30-025-30149

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1425.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK: DRILL [X] DEEPEN [ ] PLUG BACK [ ]

b. TYPE OF WELL: OIL WELL [ ] GAS WELL [X] OTHER — SINGLE ZONE [ ] MULTIPLE ZONE [ ]

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.*)
At surface

At proposed prod. zone: O, 2030' FEL & 990' FSL

5. LEASE DESIGNATION AND SERIAL NO.: 43564

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Ojo Chiso Federal

9. WELL NO.: 2

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

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*: 15 miles West from Eunice

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any): 990'

16. NO. OF ACRES IN LEASE: 1920

17. NO. OF ACRES ASSIGNED TO THIS WELL: 320

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.: 3500'

19. PROPOSED DEPTH: 13,700'

20. ROTARY OR CABLE TOOLS: Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.): 3414.3' GR

22. APPROX. DATE WORK WILL START*: Upon Approval

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	54.5#	1850'	1700 sxs CIRCULATE
12-1/4"	9-5/8"	36#	4850'	1550 sxs CIRCULATE
8-5/8"	7-5/8"	29.7#	11750'	1050 sxs
	4-1/2" Liner	13.5#	11,550 to 13,700'	250 sxs

RECEIVED
OCT 2 0 1989
O. C. D.
HOBBS, OFFICE

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED: Maria L. Perez — TITLE: Accountant — DATE: 9-28-89

915-688-0375

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 10-19-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-102
Revised 1-1-89

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator	Lease	Well No.
Oryx Energy Company	Ojo Chiso Federal	2

Unit Letter	Section	Township	Range	County
O	26	22 South	34 East NMPM	Lea

Actual Footage Location of Well:
2030 feet from the East line and 990 feet from the South line

Ground level Elev.	Producing Formation	Pool	Dedicated Acreage:
3415.0	Morrow	Ojo Chiso (Morrow)	320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

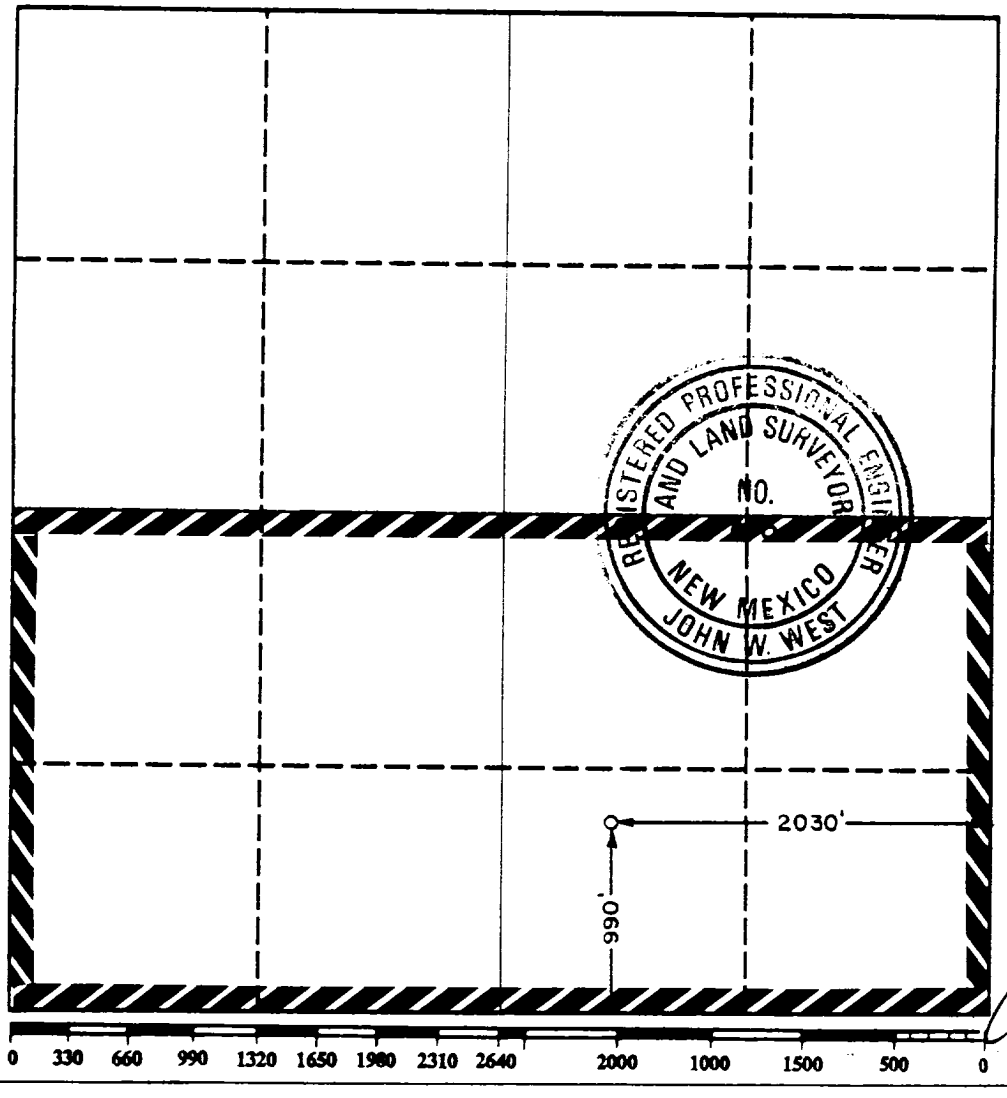
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary. _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein in true and complete to the best of my knowledge and belief.

Signature: Maria L. Perez

Printed Name: Maria L. Perez

Position: Accountant

Company: Oryx Energy Company

Date: 9-28-89

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervison, and that the same is true and correct to the best of my knowledge and belief.

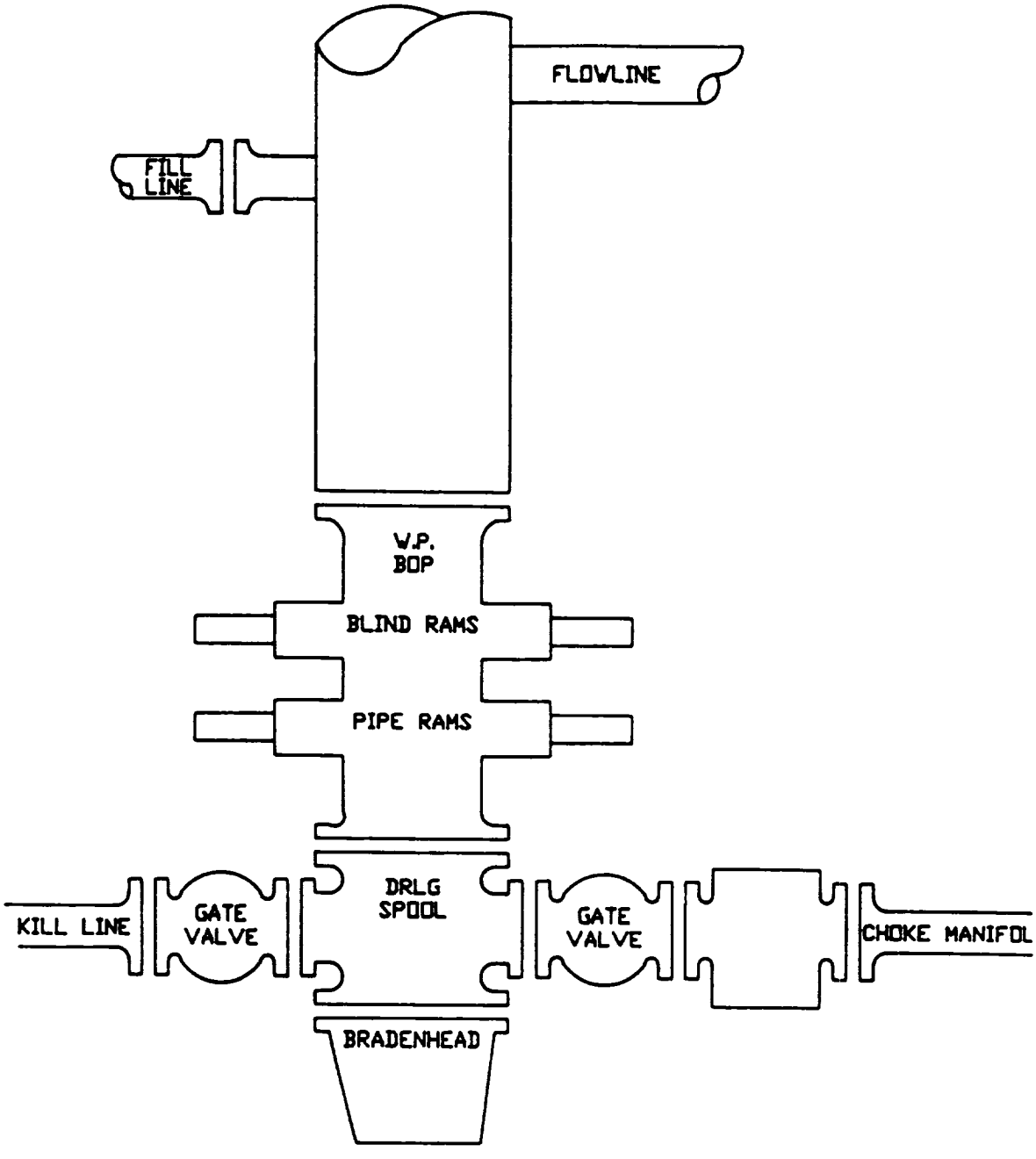
Date Surveyed: August 28, 1989

Signature & Seal of Professional Surveyor

Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239

EXHIBIT D1

3000 PSI



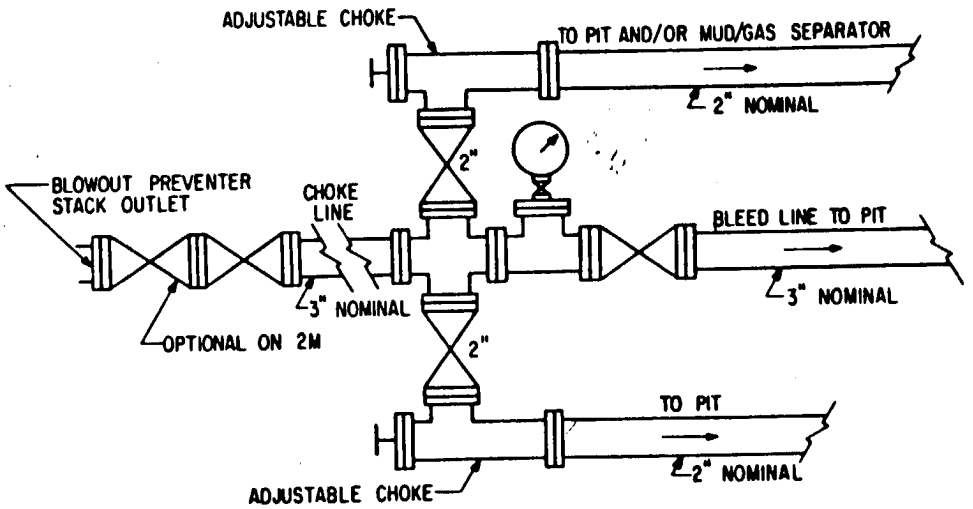


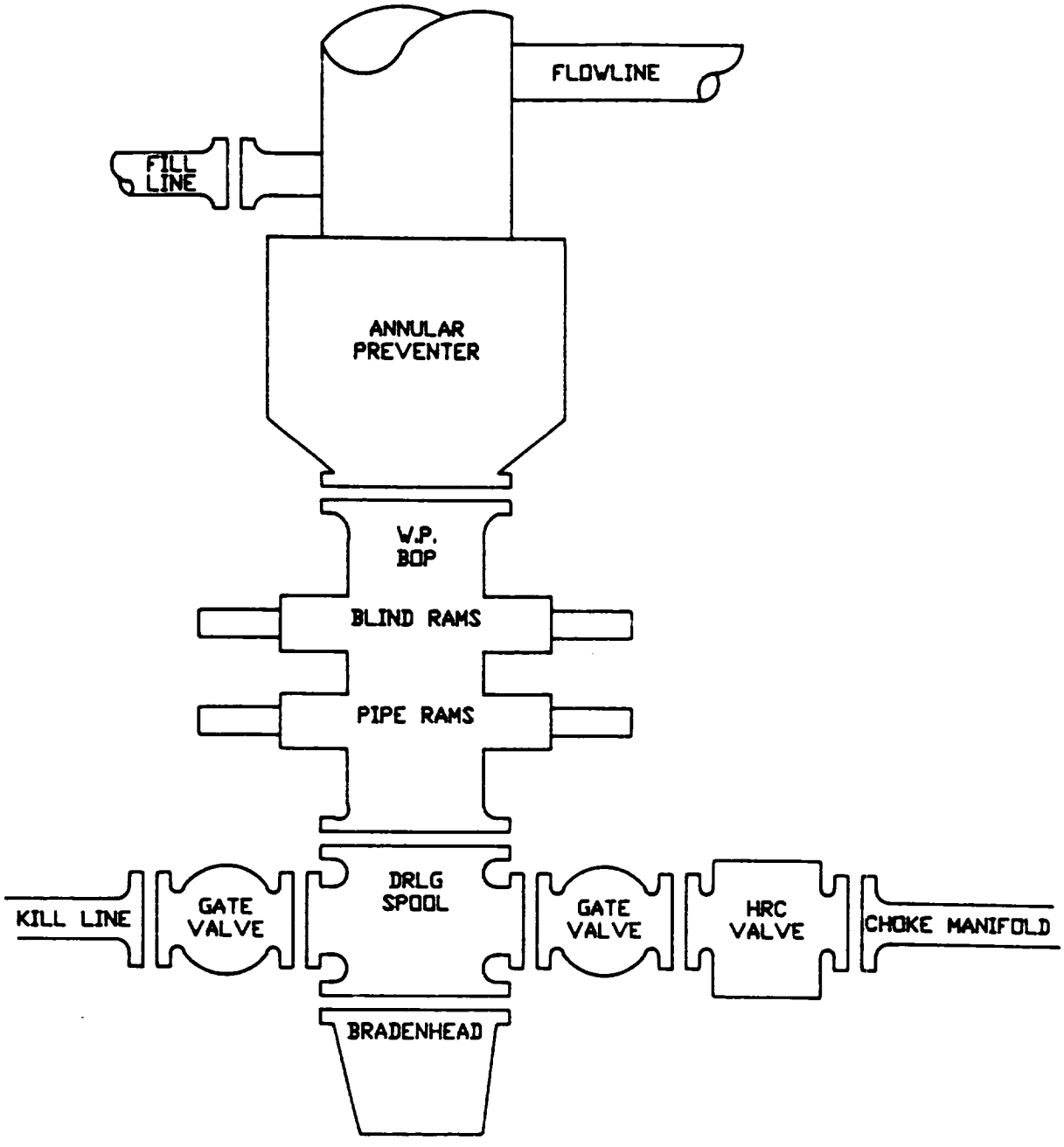
FIG. 3.A.1

**TYPICAL CHOKE MANIFOLD ASSEMBLY
FOR 2M AND 3M RATED WORKING
PRESSURE SERVICE – SURFACE INSTALLATION**

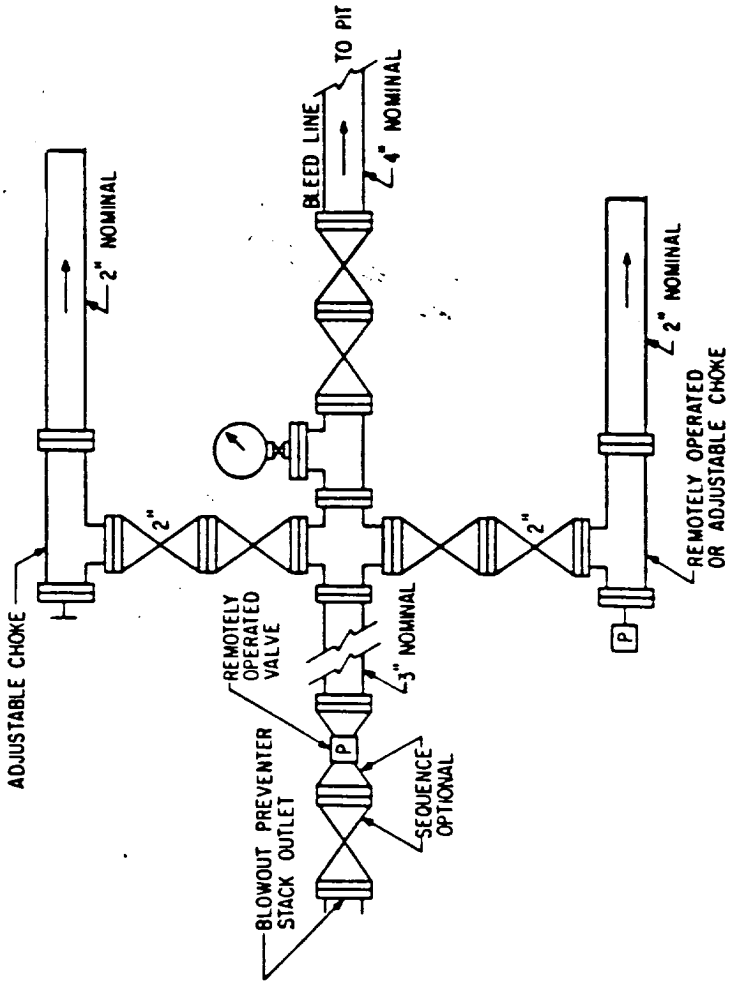
EXHIBIT D 2
3000 psi.

EXHIBIT D 5

5000 PSI



EXHEBIT D4
5000psi



TYPICAL CHOKE MANIFOLD ASSEMBLY FOR 5M RATED WORKING PRESSURE SERVICE — SURFACE INSTALLATION

Typical Choke Manifold Assembly For M Rated Working Pressure Service - Surface Installation