

November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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	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, Texas 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 M, 660' FSL & 660' FWL	8. FARM OR LEASE NAME Ojo Chiso Federal
14. PERMIT NO	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3416.0' GR	10. FIELD AND POOL, OR WILDCAT Antelope Ridge-Atoka Gas
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	26. T-22-S, R-34-E
	12. COUNTY OR PARISH; 13. STATE Lea New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) Amend Casing & Cementing program	

(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.)

Amend Proposed Casing & Cementing Program on Form 9-331C
Approved 11-8-89

Size of Hole	Size of Csg.	Weight per Foot	Setting Depth	Quantity of Cement
20"	16"	75#	1850'	1950 Sxs Circ to Surf
14 3/4"	10 3/4"	45.5#	5000'	2220 Sxs Circ to Surf
9 1/2"	7 7/8"	29.7#	11,750'	1000 Sxs Est. TOC 4800'
6 3/4"	5 1/2" Liner	20#	TOL 11,550 BOL 12,400 850' of Liner	125 Sxs

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

SIGNED Manuel L. Perez
(This space for Federal or State office use)

TITLE Proration Analyst

DATE 1-16-90

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 1-20-90

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED

JAN 29 1990

OC
HOBBS OFFICE