

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

OCT 20 10 39 AM '92

5. Lease Designation and Serial No.

NMNM 82799

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

GRAMA Ridge Fed. #2

9. API Well No.

30-025-30884

10. Field and Pool, or Exploratory Area

GRAMA Ridge-MORROW (GA)

11. County or Parish, State

LEA, New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

ORVX ENERGY CO.

3. Address and Telephone No.

P.O. Box 2880 DALLAS, TX 75221-2880 (214) 715-4827

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit D Sec 9 T-22-S, R-34-E

1046' FNL & 1273' FWL

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other add perforations

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

10-3-92 - Perforate (MORROW) 12,995-12,999 & 13051-13056 w/1 1/16" DYNASTROP
perf gun, 6 shots per foot

10-4-92 - Acidize MORROW perfs 12995-13056 w/250 gals. 2% KCL wtr
w/50 gals F3 ISOPROPYL ALCOHOL & 100 ball sealers
FIB 500 gals 7 1/2% HCL Formed to 70 quality w/1100 SCF/Bbl N2
Flush Acid w/85,000 SCF N2

Test: Prior 0 cond. 201 MCF 0 wtr
10-8-92 After 6 cond. 1095 MCF 54 wtr

AR

7 9 1992

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

Signed Alan G. Galt

Title Production Analyst

Date 10-16-92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

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NOV 02 1992

OCD HOBBS OFFICE