

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ONE 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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-61360
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 F, 1980' FNL & 1980' FWL	8. FARM OR LEASE NAME Woody Federal Com.
14. PERMIT NO. 30-025-31135	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3460.0' GR	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20, T-22-S, R-34-E
	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) ☐

(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.)\*

To amend Casing Slurry Design on previously submitted Form 9-331C, Application for Permit to Drill, for the 13 3/8" Casing.

Casing	Slurry Design
13-3/8"	1300 sxs Class C w/4% gel + 2% CaCl <sub>2</sub> tailed w/400 sxs Class C w/1% CaCl <sub>2</sub>

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

SIGNED <u>Mona L. Perez</u>	TITLE <u>Proration Analyst</u>	DATE <u>1-28-91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>1/31/91</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side