

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

OIL CONSERVATION DIVISION
P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.

30-025-06645

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Oryx Energy Company

3. Address of Operator

P. O. Box 1861, Midland, TX 79702

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 17 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3471' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Unsuccessful Plug Back ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103

4/27/91 POH Rods & Pump/ 2-7/8" tbg / Prep to TIH & TAG Fish.

4/30/91 FIH w/bit, tag at 3816'/ Ran GR/CCL from 3800' to 1800' ran & set CIPB at 3691'
Dump bail 1 sk cmt on CIBP.

5/1/91 Ran GR/CNL 3670 to 1650'. Test CIBP to 1000 psi.

5/3/91 Perf Eumont 3516-71', 3578-3600', 3608-3654'/ EIR w/N₂ & stimulate perms w/3000 gal
slick 2% KCL wtr carrying 3000# 20/49 Carbolite sd.

5/4/91 Flow well on 3/4" chk.

5/5/91 24 hrs flow on 1/2" chk, rec. 27 MCFD, no fluid rec. TP 40#.

5/8/91 W.O. engineering evaluation.

6/21/91 Pending evaluation, no further work planned. Well TA, WO unsuccessful.
(Plans are to recompleate to Lower Eumont in @ 6 months)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Jan Stevenson

TITLE

Proration Analyst

DATE

7-2-91

TYPE OR PRINT NAME

Jan Stevenson

TELEPHONE NO.

915/688-0377

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Page 1

1000 0000