

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction on re-
verse side)

LOGGERS' EDITION (NOV. 1984-0137)
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> API No. 30-025-06718	5. LEASE DESIGNATION AND SERIAL NO LC-032591-A
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 A, 980' FNL & 330' FEL	8. FARM OR LEASE NAME Elliott A
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3434' GR	10. FIELD AND POOL, OR WILDCAT Blinebry Oil & Gas
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21, T-21-S, R-37-E
	12. COUNTY OR PARISH Lea
	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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

- 1/23/91 MIRU X-pert WS.
- 1/24/91 TIH w/4-3/4" bit & 5-1/2" csg scraper on 2-7/8" J-55 WS, tag Baker Model N pkr at 5770'.
- 1/25/91 Pump 300 bbls 2% KCL wtr and had partial returns, circ out sd, rust & debris, lwr and cut over perm. pkr from 5770 to 5771', losing 90% returns.
- 1/26/91 Lwr cut rite shoe & cont to cut over from 5771-5772, losing 80% of returns, shoe appears to be worn out, circ clean.
- 1/29/91 Cut-over Baker Model N pkr from 5772 to 5773', pkr came free, push pkr downhole to 5794'. Unable to push deeper.
- 1/30/91 RIH w/4-3/4" junk basket. Tag tight spot 4647', junk basket stuck, work free (3 hrs). POOH. Markings on junk basket indicate csg is collaged at 4647'.
- 1/31/91 Swedge tight csg 4647' and several spots from 4891-5077'. Swedge 5077'-83' (3 hrs). POOH w/2-7/8" tbg. LD DC's & tools.
- 2/1/91 TA well.
- Request to keep well TA'd pending evaluation.

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

SIGNED Mark P. Pegg TITLE Proration Analyst DATE 2-1-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-21-91

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 4 MONTH PERIOD

ENDING 5/31/91 *See Instructions on Reverse Side