

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 <input type="checkbox"/> API No. 30-025-30872		5. LEASE DESIGNATION AND SERIAL NO NM 19859	
2. NAME OF OPERATOR Oryx Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1861, Midland, Texas		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 G, 1975' FNL & 1980' FEL		8. FARM OR LEASE NAME Gila 4 Deep	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3442.6' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4, T-25-S, R-33-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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Correct Well Name</u>	(Other) <input checked="" 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.)*

On 4-19-90 C-102 plat was amended. 320 dedicated acreage was changed from the N/2 to the E/2 of Sec. 4 and was no longer communitized. Change Lease name to Gila 4 Deep Well No. 1 from Gila 4 Deep Com. Well No. 1.

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

SIGNED <u>Morgan L. Pegg</u>	TITLE <u>Proration Analyst</u>	DATE <u>10-16-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED
OCT 18 10 49 AM '90
CAR
AREA

RECEIVED

OCT 25 1990

GCD
MOBILE OFFICE