

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 33437A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sand 7 Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Shugart, North Bone Spring

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

Sec. 7, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 GAS WELL OTHER

2. NAME OF OPERATOR
Enron Oil & Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1980' FNL & 1980' FWL

RECEIVED

JUL 26 '89

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.
30-015-26136

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3624.3' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF: 6/22/89

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Casing test & cement job

(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.)

6-23-89 - Set 2502 feet of 9-5/8" 53.50# S-95 K-55 casing.

Cemented with 600 sx Cl C light & 250 sx. Cl C. Circulated 95 sacks to surface.

30 minutes pressure tested to 1500# - OK. WOC - 18-3/4 hours.

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

SIGNED Betty Gildon
Betty Gildon

TITLE Regulatory Analyst

DATE 6/27/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

RECEIVED

JUL 11 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO