

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

ASF

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"/>	RECEIVED JUN 1 1 1992 O. C. D. REGULATORY OFFICE	2. LEASE DESIGNATION AND SERIAL NO. NM 261
2. NAME OF OPERATOR Enron Oil & Gas Company		3. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		4. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also source 17 below.) At surface 660' FSL & 1980' FWL		5. FARM OR LEASE NAME Canadian Kenwood Federal
		6. WELL NO. 1
		7. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring
		8. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17, T18S, R31E
14. PERMIT NO. 30 015 23069	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642.5' GL	12. COUNTY OR PARISH Eddy
		13. STATE NM

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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. Unseat packer, load hole with 9.6# mud.

2. Pull out of hole with tubing & packer

3. Set CIBP at 8600'

4. Cut 5-1/2" casing at 8550'

5. Pull & lay down 5-1/2" casing

6. Run 2-3/8" tubing to 8600', set plugs & lay down tubing as follows:

spot 100' cmt > A. 100' 8500' - 8600' Tag
from 5750' - 5850' B. 120' 4450' - 4570' Tag
C. 12' 3' - 15' 50'

7. Cut off wellhead, install dry-hole marker, fill cellar & clean up location as required.

8. Haul salvage equipment to the yard.

(OVER)

I hereby certify that the foregoing is true and correct

SIGNED <u>Betty Seldon</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>5/26/92</u>
This space for Federal or State office use		
APPROVED BY _____	TITLE _____	DATE <u>6/10/92</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See instructions on Reverse Side

Major Geological Tops:

Yates	2040'
Queen	3130'
San Andres	4540'
Bone Spring	5794'
Wolfcamp	9470'
Strawn	10664'
Atoka	10942'
Morrow	11465'