

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

chf

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	SEP 18 1992	6. LEASE DESIGNATION AND SERIAL NO. NM 53229
2. NAME OF OPERATOR Enron Oil & Gas Company	O. C. O.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	RECEIVED	8. FARM OR LEASE NAME Rustler Bluff Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1195' FSL & 935' FWL		9. WELL NO. 1
14. PERMIT NO. 30 015 27082	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2942.7' GR	10. FIELD AND POOL, OR WILDCAT Und. Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T24S, R29E
		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 COMPLETION <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) Casing test & cement job <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.)

9-5-92 - Set 8-5/8" 32# K-55 ST&C & 24# J-55 ST&C casing at 2808'

Cemented with 850 sx Prem Plus w/20% Diacel & 3% Salt; followed with 150 sx prem plus w/2% CaCl2.

Yield on lead 2.78 cuft/sx, 12.0 ppg; tail 1.32 cuft/sx, 14.8 ppg;
Circulated 121 sacks.

WOC - 21 hours. 1/2 hour pressure tested to 1000 psi, OK.

SEP 6 1992

I hereby certify that the foregoing is true and correct

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 9/11/92

Betty Gildon

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side