

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

LEASE DESIGNATION AND SERIAL NO.

NM 53229

IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Enron Oil & Gas Company ✓	8. FARM OR LEASE NAME Rustler Bluff Federal
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT Und. Delaware
14. PERMIT NO. 30 015 27082	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29, T24S, R29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2942.7' GR	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

TD 6696' on 9-12-92

9-14-92 - Set 5-1/2" 15.5# J-55 LT&C at 6696'

1st stage - 515 sacks Prem Plus w/8# Silicalite, 6/10% Halad-322 + 3#/sx salt, yield 1.82, 13.6 ppg. open DV tool & circ 100 sx to pit.

2nd stage - 210 sacks Prem plus w/20% Diacel D, 2.78 cuft/sx, 12.0 ppg & 125 sacks prem plus w/8# Silicalite, 6/10% Halad-322 & 3# salt.

30 minutes pressure tested to 2000 psi, OK. Rig released 09-15-92.

I hereby certify that the foregoing is true and correct

SIGNED Betty Gildon

TITLE Regulatory Analyst

DATE 9/17/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See instructions on Reverse Side