

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-028936-C

6. 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 GAS WELL OTHER Dry Hole

RECEIVED

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Enron Oil & Gas Company

8. FARM OR LEASE NAME

Bogart Federal Com.

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 laws.
See also space 17 below.)
At surface

O. C. D.
ANTON, OFFICE

10. FIELD AND POOL, OR WILDCAT

Loco Hills Morrow, South

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

Sec. 28, T17S, R30E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3631' GL

12. COUNTY OR PARISH 13. STATE

Eddy 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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.) *

Please see attached P&A procedure as per verbal approval from Shannon Shaw on 6-26-91.

RECEIVED
JUN 28 10 23 AM '91
CARLSON AREA OFFICE
Post ID-2
8-2-91
P&A

I hereby certify that the foregoing is true and correct
DORIS GARDNER
Betty Gordon TITLE Regulatory Analyst DATE 6-27-91
APPROVED BY _____ TITLE _____ DATE 7/9/91
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side