

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REVR. ☐ 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)*
At surface 2030' FNL & 1830' FWL
At top prod. interval reported below
At total depth Same

14. PERMIT NO. _____ DATE ISSUED 10/90

15. DATE SPUDDED 02-03-91 16. DATE T.D. REACHED 3-12-91 17. DATE COMPL. (Ready to prod.) - 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3631' GR 19. ELEV. CASINGHEAD 3631'

20. TOTAL DEPTH, MD & TVD 11,550 21. PLUG, BACK T.D., MD & TVD - 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY - ROTARY TOOLS X CABLE TOOLS !

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
10,861'-866 & 10,872'-877' Atoka 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN
GR/CNE-LDT & DIL-SFL 27. WAS WELL CORED No

29.

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	48#	547	17-1/2	575 sx C1 C	Circulated
9-5/8	36#	3488	12-1/4	1850 sx C1 C	Circulated
2-7/8	6.50#	11548		1350 sx C1 H	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
10,861-10,877' (.41" 42)		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		10,861-10,877	None

33. PRODUCTION
DATE FIRST PRODUCTION None PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) SI to be P&A
DATE OF TEST _____ HOURS TESTED _____ CHOKE SIZE _____ PROD'N. FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ GAS-OIL RATIO _____

FLOW, TUBING PRESS. _____ CASING PRESSURE _____ CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ OIL GRAVITY-API (CORR.) _____

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS
Logs

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.
SIGNED Betty Gildon TITLE Regulatory Analyst DATE 7/1/91

*(See Instructions and Spaces for Additional Data on Reverse Side)