

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

FE-
FR-

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

c15f

LEASE DESIGNATION AND SERIAL NO

NM 0384576

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Enron Oil & Gas Company	8. FARM OR LEASE NAME Cedar Lake 35 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 requirements. See also space 17 below.) At surface 1240' FNL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT Wildcat (Siluro-Devonian)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 35, T17S, R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3548.1' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other) Correct zone on permit to drill ☐			

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

(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 correct the formation from Devonian to Siluro-Devonian on our Application and Permit to drill.

I hereby certify that the foregoing is true and correct

SIGNED

Betty Gildon

TITLE Regulatory Analyst

DATE 3/11/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 3/23/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side