		<u> </u>	. Form approve	ed.
Form 3160-5 (November 1983) (Formerly 9-331) DEPARTMENT OF TH		SUBMIT IN PLICATE (Other instructions on reverse side)	Budget Burea	u No. 1004-0135)
BUREAU OF LAND MA	NAGEMENT (***)	70	NM021096	
AND DAY MOTION AND DE		14/F1 1 C	6 IF INDIAN, ALLOTT	TEE OR TRIBE NAME
SUNDRY NOTICES AND RE (100 not use this form for proposals to drill or to de Use "APPLICATION FOR PERMIT				
I.  OIL X GAS OTHER			7. UNIT AGREEMENT NAME	
WELL A WELL OTHER  2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Enron Oil & Gas Company 🗸		RECEIVED	Yates B	
3. ADDRESS OF OPERATOR			9. WELL NO.	
P.O. Box 2267, Midland, Texas 7970	Z	o requirembible to O 100	10. FIELD AND POOL,	OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements 09's See also space 17 below.) At surface		616 60 MAIL 03 88	Shugart Y-SR-Q-G	
		G G D	11. SEC., T., E., M., O	E BLE. AND
O. C. D.  ARTESIA, OFFICE			SURVEY OR AR	24
660' FSL & 660' FEL		ARTESIA, OFFICE	Sec. 12, T1	
	how whether DF, RT,	GR. etc.)	12. COUNTY OF PARIS	1
3547' 0			Eddy	<u>i</u> NM
16. Check Appropriate Box To	> Indicate Natu		Other Data	
NOTICE OF INTENTION TO:	r			
TEST WATER SHUT-OFF PULL OR ALTER CASE	·G	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING ALTERING	]—-
FRACTURE TREAT  NULTIPLE COMPLETE SHOOT OR ACIDIZE  ABANDON®	X	SHOOTING OR ACIDIZING	ABANDONS	
REPAIR WELL CHANGE PLANS		(Other)	— <del></del>	
(Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly Statements)		Completion or Recomp	a of multiple completion Report and Log	form.)
proposed work. If well is directionally drilled, give s nent to this work.) *	unsurrace locations	and mensured and croc version	an ary and too an mark	
1. 15 sack plug from 3500' to 3				
2. Cut & pull 5-1/2" casing set		Estimated recover	y = 1500'	
3. 35 sacks 1550' to 1450' [TAG	]		••	
4. 55 sacks 750' to 650' <b>LTAG</b>		÷		
5. 5 sacks at surface.	(575)			
* use 10 ppg mud between p	lugs			
	-			
lack				
18. I hereby certify that the foregoing is true and correct			•	
SIGNED RESTRICTION	TITLE Regu	latory Analyst	DATE12/	19/88
(This space for Federal or State office use)		,		100
APPROVED BY CHIEF, MALERAL MESCURE CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE/	-6-89