

November 1983)
Formerly 9-551.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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RECEIVED AUGUST 11 1985
LEASE DESIGNATION AND SERIAL NO.
NM 33437

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. NAME OF OPERATOR Mitchell Energy Corporation		2. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 4000, Woodlands, TX 77387-4000 C. D. ARTESIA, OFFICE		3. FARM OR LEASE NAME Roche Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R31E	
12. COUNTY OR PARISH Eddy		13. STATE NM	
14. PERMIT NO. 30 015 23537		15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3617.3' GR	
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	WATER SHUT-OFF	REPAIRING WELL
FRACURE TREAT	MULTIPLE COMPLETION	FRACURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) Change Operator XX		(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.) *			

Change operator effective 7-1-91 from previous operator:

Enron Oil & Gas Company
P. O. Box 2267
Midland, Texas 79702

RECEIVED
JUL 10 1991

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I hereby certify that the foregoing is true and correct

Betty Gildon
Betty Gildon
Regulatory Analyst
TITLE
DATE 6/21/91

APPROVED BY
DATE

REASON(S) OF APPROVAL, IF ANY.

*See instructions on Reverse Side