

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

clsf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED  JUL 25 '88  O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Enron Oil & Gas Company ✓			NM 01159
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 774 744' FNL & 2226' FWL			7. UNIT AGREEMENT NAME
14. PERMIT NO. 30-015-24737		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3535.5' GR	8. FARM OR LEASE NAME Nelson Federal
			9. WELL NO. 8
			10. FIELD AND POOL, OR WILDCAT Und. Bone Spring
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T18S, R30E
			12. COUNTY OR PARISH Eddy
			13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) PB from Strawn to Bone Spring X			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.) \*

Strawn Perforations 10,542 to 10,610 feet. (15 0.44") - acidized with 7000 gal 15% NEA ac w/500 SCF N<sub>2</sub>/bb1. 10 hours made 7 swab runs, recovered trace condensate, 5 barrels of water, and 2-3' flare.

Set CIBP at 10,530' and dump 35' cement on top.

Perforate 4 holes at 8000' and set 4-1/2" EZSV cement retainer at 7970'; mix and pump 600 sacks Class H.

Perforate Bone Spring 7724-7802 feet. (total of 29 0.42" holes)

TIH with tubing and packer to 7802' - Spot 100 gals 7-1/2% NeFe + additives.

Pull tubing and packer to 7630' and acidize with 5000 gals 7-12% NeFe + additives and Frac. Flow and/or swab test.

18. I hereby certify that the foregoing is true and correct

SIGNED Betty Sildon  
Betty Sildon

TITLE Regulatory Analyst

DATE 6/14/88

(This space for Federal or State office use)

CHIEF, MINERAL RESOURCES

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE 7-22-88

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

