

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(SUBMIT IN TRIPPLICATE)
(SEE INSTRUCTIONS ON REVERSE SIDE)

RECEIVED
JUL 28 1991
LEASE DESIGNATION AND SERIAL NO.
NM 68039

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposal to drill or to deepen or dig back to a different reservoir.
Use APPLICATION FOR PERMIT - for such operations.)

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1. WELL ☒ OIL ☐ GAS ☐ OTHER ☐	2. NAME OF OPERATOR Mitchell Energy Corporation	3. ADDRESS OF OPERATOR P. O. Box 4000, Woodlands, Texas	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL	5. UNIT AGREEMENT NAME	6. FARM OR LEASE NAME Allied 7 Federal	7. WELL NO. 1	8. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring	9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R31E	10. COUNTY OR PARISH Eddy	11. STATE NM
12. PERMIT NO. 30 015 25900	13. ELEVATIONS (Show whether DT, RT, GR, etc.) 3633.4' GR									

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) Change Operator ☒	

SUBSEQUENT REPORT OF:

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.)

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

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

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I hereby certify that the foregoing is true and correct

SIGNED Betty Gilson
(A space for Federal or State office use)

TITLE Regulatory Analyst

DATE 6/21/91

WITNESSED BY _____
(Signatures of approval, if any)

TITLE _____

DATE _____

*See instructions on Reverse Side