

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN THE
(Other instruct
verse side)

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 33437A
2. NAME OF OPERATOR Enron Oil & Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 2121' FWL, Sec. 7, 18S, 31E	8. FARM OR LEASE NAME Sand 7 Federal
14. PERMIT NO. 30-015-25901	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, OR, AB, or SL, or other) 3605.5' GR	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

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)	<input type="checkbox"/>		<input type="checkbox"/>

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) Add'l Bone Spring perfs	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)*

Original Bone Spring perforations 8294' to 8356'

April's production averaged 40 BOPD, 2 BWPD, & 91 MCFD; pumping.

5-5-89 - Perf additional Bone Spring 7724-30 & 7780-7834; (total 32 holes .39")

2-7/8" tubing & packer set @ 7890'.

Acidized w/250 gals 15% NeFe (perfs 7724-7834).

5-9-89 - Flowing 761 BOPD, 8BWPD & 490 MCFD on 24/64" ck; FTP 450#.

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

SIGNED Betty Gildon

TITLE Regulatory Analyst

DATE 6/6/89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side