

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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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 68039	
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 660' FNL & 1980' FEL		8. FARM OR LEASE NAME Allied 7 Federal	
14. PERMIT NO. 30-015-25927		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3654.3' 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	

16. 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 COMPLETE	<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 Perfs - 8247 to 8324 feet.

Production for Feb. 1989 averaged 53 BOPD, 102 Mcf/d & 3 BWPD as a pumping well.

3/21/89

Perforated additional Bone Spring - 7778 to 7806 (total of 15 - 0.40" holes), and
7740 to 7760 (total of 11 - 0.40" holes)

2-7/8" tubing and packer at 7663 feet.

Acidized Bone Spring 7740 to 7806 feet with 5000 gals 15% NeFe.

3/26/89 - 24 hour FTP 325# on 20/64" ck; 389 BOPD, 30 BWPD, 210 Mcf/d; CP 150#.

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

SIGNED

Betty Gildon
Betty Gildon

TITLE Regulatory Analyst

DATE 3/28/89

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD
DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 6 1989

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO