

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL LOG REGISTRATION
INSTRUCTIONS AND FORM
PAGE 1

REGIONS AUGUST 11, 1985
LEASE DESIGNATION AND SERIAL NO.

NM 68039

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.)

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JUL 30 1991

O. C. D.
ARIZONA OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Mitchell Energy Corporation	8. FARM OR LEASE NAME Allied 7 Federal
3. ADDRESS OF OPERATOR P. O. Box 4000, Woodlands, TX 77387-4000	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FWL	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 25927	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3654.3' GR

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 COMPLETE ☐
SHOOT & ACIDIZE ☐	ABANDON* ☐
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 UP-DOWNED 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 Gildon TITLE Regulatory Analyst DATE 6/21/91

(Leave space for Federal or State office use)

WITNESSED BY _____ TITLE _____ DATE _____

REASONS OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side