(Formerly 9–331) DEPARTMEN O	STATES SUBMIT IN TRIPI (Other Instructions verse side) ND MANAGEMENT	Form approved. Budget Bureau No. 1004-0135. Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. CO. NM 33437-A
SUNDRY NOTICES AN (Do not use this form for proposals to drill of the control of	ID REPORTS ON WELLS or to deepen or plug back to a different reservoir. PERMIT— for such proposals.)	6. IF INDIAN, ALLOTTEE OR TEIBE NAME
OIL GAS OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Enron Oil & Gas Company 3. ADDRESS OF OPERATOR	JUN 15'88	8. FARM OR LEASE NAME Roche Federal 9. WBLL NO.
P. O. Box 2267, Midland, Texas 4. Location of well (Report location clearly and in See also space 17 below.) At surface	accordance with any State requirements VCE	3 10. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring 11. SEC., T., E., M., OR BLE, AND
2180' FSL & 660' FEL		SURVEY OR AREA
1	ONS (Show whether DF, RT, GR, etc.)	Sec. 7, T18S, R31E 12. COUNTY OR PARISH 13. STATE
	640.9' GR Box To Indicate Nature of Notice, Report,	Eddy NM
NOTICE OF INTENTION TO:		OF OTHER DOTO
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL COther) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clesproposed work. If well is directionally drilled, nent to this work.)	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report re	ALTERING WELL ALTERING CASING ABANDONMENT* sults of multiple completion on Well outpletion Report and Log form.) ates, including estimated date of starting any ortical depths for all markers and zones perti-
To amend TD to 8600' Proposed Casing and Cementing		
Size of Hole Size of Casing	Weight Per Foot Setting	Depth Quantity of Cement
$ \begin{array}{ccccccccccccccccccccccccccccccccccc$	24# K-55 ST&C 2	550 sacks CIRCULATED 500' 575 sacks CIRCULATED 600' 1025 sacks
JUN 3 II OG AM '88 CARLES OF THE STATE OF TH		
8. I hereby certify that the foregoing is true and cornsider Betty Sildon (This space for Federal or State office use)	TITLE Regulatory Analyst	DATE 6/2/88
GPIG. SGE GAL GIP! APPROVED BY CHIEF, MAIL RESOURCES CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE 6-13.81

*See Instructions on Reverse Side