

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
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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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Enron Oil & Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
2180' FSL & 660' FEL

14. PERMIT NO.
30 015 25928

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3640.9' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 33437-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Roche Federal

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Shugart Yates Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
G-5A

Section 7, T18S, R31E

12. COUNTY OR PARISH
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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 TREATMENT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		

SUBSEQUENT REPORT OF: 1/5/89 (Completion 3160-4)

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) install pumping unit	<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.)*

2-15-90 - Installed 2-1/2 x 1-1/2 x 20 pumping unit.

Pumping at 4:00 p.m.

2-18-90 - Pumping 12 BO, 50 BW, 22 MCFD.

ACCEPTED FOR RECORD

Ake

FEB 21 1990

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNATURE Betty Gildon TITLE Regulatory Analyst

DATE 2/20/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side