

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

4154

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Enron Oil & Gas Company ✓	8. FARM OR LEASE NAME Roche Federal
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  330' FSL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3636.7' GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

MAR 27 '90

A.C.D.  
AREA OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing test & cement job	XX
(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.) \*

3-11-90 - Spud 7:45 pm

3-12-90 - Set 13-3/8" 48# WC-50 ST&C casing at 559'.

Cemented with 325 sx of C1 H + 12% thixad + 1% CaCl, 1.48 cuft/sx, 14.7 ppg,  
200 sx C1 C + 2% CaCl + 1/4#/sx Cello-Seal, 13.2 cuft/sx, 14.8 ppg.  
One-inch pipe to 188' & cement w/75 sx of C1 C + 4% CaCl, one-inch pipe to  
120' & cement w/280 sx of C1 C + 2% CaCl. Circulated 30 sacks.

WOC - 23 hours. 30 minutes pressure tested to 500 psi.

Cement job witnessed by BLM representative.

ACCEPTED FOR RECORD

Akz

MAR 28 1990

CARISBAD, NEW MEXICO

RECEIVED  
MAR 15 11 05 AM '90  
CARISBAD AREA OFFICE

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED Betty Gilman TITLE Regulatory Analyst DATE 3/14/90

Betty Gilman

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side