

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

WELL IS DUPLICATED
 (SEE INSTRUCTIONS ON REVERSE SIDE)

LEASE DESIGNATION AND SERIAL NO.
 NM 33437A

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.)
 (See APPLICATION FOR PERMIT - " for such proposals.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		JUL 30 1991		2. UNIT AGREEMENT NAME	
3. NAME OF OPERATOR Mitchell Energy Corporation		O. C. D. ARTESIA OFFICE		6. FARM OR LEASE NAME Roche Federal	
3. ADDRESS OF OPERATOR P. O. Box 4000, Woodlands, TX 77387-4000				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. 30 015 259721		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3636.7' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 7, T18S, R31E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

18. 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 PROMISED 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

ACCEPTED FOR RECORD

JUL 29 1991

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

Betty G. Gordon

Regulatory Analyst

DATE 6/21/91

(Leave space for Federal or State office use)

APPROVED BY

TITLE

DATE

REASONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side