

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (CATE*
(Other construct
verse side)

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

458

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 Allied 7 Federal	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring	
14. PERMIT NO. 30-015-25973		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3645.3' 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. 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 TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other, Extend permit date

XX

SUBSEQUENT REPORT OF:

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)

(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.)*

Please extend the permit dated 8/25/88 on the above-named well for a one-year period.

RECEIVED
JUL 31 8 27 AM '89

18. I hereby certify that the foregoing is true and correct

SIGNED

Russ Seldon

TITLE

Regulatory Analyst

DATE

7/28/89

(This space for Federal or State office use)

APPROVED BY

Shannon Shaw

FOR
TITLE

DATE

8-10-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side