

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN  
(Other instru  
verse side)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 33437A
2. NAME OF OPERATOR Enron Oil & Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL	8. FARM OR LEASE NAME Sand 7 Federal
14. PERMIT NO. 30-015-26136	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3624.3' GR	10. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 6/22/89	
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 <input checked="" 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.) \*

7/5/89 - Set 8569' of 5-1/2" 17# K-55 LT&C.

Cemented with 750 sx. C1 "H" Lite + 0.7% FL-20 mixed at 12.7 ppg. yield 1.89 cuft/sx.; followed by 400 sx. C1 "H" + 0.1% R-3 mixed at 15.6 ppg, yield 1.17 cuft/sx.

30 minutes pressure tested to 2000# - OK. WOC - 18 hours.

RECEIVED  
JUL 10 8 15 AM '89  
CARLSBAD AREA OFFICE

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

SIGNED Betty Gilson TITLE Regulatory Analyst DATE 7/7/89

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

JUL 21 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO