

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUMMIT DISTRICT  
(Other Instructions  
verse side)  
NM 88210

CATE\*  
OR re

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.)

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 Sand 7 Federal	
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  330' FNL & 692' FWL		10. WILD AND POOL, OR WILDCAT Shugart, North Bone Spring	
14. PERMIT NO. 30-015-26141		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3582' GR		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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O. C. D.  
ARRESIA, OFFICE

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) Amend depth of surface casing X			

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.)\*

Set 11-3/4" 42# H-40 ST&C @ 450'-cement with 950 sacks Circulate to surface.

Verbal approval from Shannon Shaw on 7/7/89.

RECEIVED  
JUL 10 8 21 AM '89  
OFFICE OF THE  
ARRESIA

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

SIGNED

*Betty Gildon*  
Betty Gildon

TITLE Regulatory Analyst

DATE 7/7/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 28 1989

\*See Instructions on Reverse Side

535  
CARLSBAD, NEW MEXICO