

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL & GAS DIVISION
SUBMIT IN TRIPLICATION
(Other instructions on reverse side)
Artesia, NM 88210

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"/>	RECEIVED	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	AUG 01 '89	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 330' FNL & 692' FWL	O. C. D. ARTESIA, OFFICE	8. FARM OR LEASE NAME Sand 7 Federal
14. PERMIT NO. 30-015-26141	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3582' GR	9. WELL NO. 3
		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: 7/7/89	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Casing Test & Cement Job	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(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.)

7-9-89 - Spud 8:00 p.m.

7-10-89 - Set 482' 11-3/4" 42# H-40 ST&C.

Cemented with 522 sx C1 C + 12% A-10 + 3% A-7 + 5#/sx Koseal + 5#/sx Gilsonite mixed at 14.6 ppg, 1.57 cuft/sx; followed by 250 sx. C1 C + 2% CaCl2 + 1/4#/sx Cello Flake mixed at 14.8 ppg, 1.32 cuft/sx. Circulated cement to surface.

30 minutes pressure tested to 1000 psi OK. WOC - 18 hours.

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

SIGNED

Betty Gildon

TITLE

Regulatory Analyst

DATE

7/12/89

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 28 1989

*See Instructions on Reverse Side

SSS
CARLSBAD, NEW MEXICO