

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-DATE*
(Other instructions on re-
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"/>		2. NAME OF OPERATOR Enron Oil & Gas Company		3. ADDRESS OF OPERATOR P.O. Box 2267 Midland, Texas 79702		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2,150' FSL & 660' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM 33437-A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Roche Federal		9. WELL NO. 3Y		10. FIELD AND POOL, OR WILDCAT Shugart, N. 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	
14. PERMIT NO. API # 30-015-25928				15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1,335'									

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
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)	<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.)*							

Due to failure of the 8-5/8" casing in the Roche Federal No. 3 well, it will be necessary to skid the rig 30' south to this location and commence a new hole. Spud will occur on or about 11/3/89.

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

SIGNED R L J L TITLE Division Operations Mgr DATE 3 Nov '89

(This space for Federal or State office use)

APPROVED BY Shannon J. Shaw TITLE PETROLEUM ENGINEER DATE 11-7-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side