

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

DATE
1 re

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

215F

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 Roche 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 2150' FSL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring
14. PERMIT NO. Unknown	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3640.9' GR	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:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	
SUBSEQUENT REPORT OF: 11/28/89	
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) Amend Well Number XX	
(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 and 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 amend well number from #3y to #4.

Well No. 3 is producing from the Shugart Yates Seven Rivers.

Ad

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED

Betty Eldon

TITLE Regulatory Analyst

DATE 1/5/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-3
1-26-90
chg well #