

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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

45F

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 560' FSL & 2125' FWL	8. FARM OR LEASE NAME Sand 7 Federal
	9. WELL NO. 4
	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
14. PERMIT NO.	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3608.5' GR	13. STATE NM

RECEIVED
JUL 12 10 56 AM '90
CARBON AREA HEADQUARTERS

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 6/12/90	
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"/>	

(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.) *

JUL 18 '90

7-6-90 - Spud 12:00 am

7-7-90 - Set 710' of 13-3/8" 61# W-50 ST&C casing.

D.
ARTESIA, OFFICE

Cemented w/50 bbls of brine wtr, 1000 gals of flow guard (sodium silicate 2:1 ratio) & 720 sx C1 C + 4% gel + 2% CaCl + 3#/sx flex-seal (ground-up rubber) + 1/4#/sx Cello Flake, yield 16.9 cuft/sx, 13.5 ppg. Circulated 200 sacks.

WOC 18 hours. 30 minutes pressure tested to 500 psi, OK.

7-9-90 - Set 2511' of 8-5/8" 32# S-80 LT&C casing.

Cemented w/800 sx of C1 C BJ lite (35:65:6) + 10% A-5 (8.2#/sx salt) + 1/4#/sx cello flake, yield 1.89 cuft/sx, 12.9 ppg and 250 sacks C1 C cmt + 2% A-7 (CaCl) yield 1.32 cuft/sx, 14.8 ppg; Circulated 272 sacks.

1/2 hr pressure tested to 1700 psi, OK. WOC - 20-1/4 hours.

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

SIGNED <u>Betty Gordon</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>7/11/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD
AOR

*See Instructions on Reverse Side