

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT

THIS IS TRIPPLICATE
OTHER INSTRUCTIONS ON REVERSE SIDE

RECEIVED
JUL 29 1991
NM 33437A

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 purposes.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	2. NAME OF OPERATOR Mitchell Energy Corporation P. O. Box 4000, Woodlands, TX 77387-4000	3. ADDRESS OF OPERATOR P. O. Box 4000, Woodlands, TX 77387-4000	4. LOCATION OF WELL (Indicate location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FSL & 2125' FWL	5. UNIT AGREEMENT NAME	6. FARM OR LEASE NAME Sand 7 Federal	7. WELL NO. 4	8. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring	9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 7, T18S, R31E	10. COUNTY OR PARISH Eddy	11. STATE NM
12. ELEVATIONS (Show whether OF, RT, GR, etc.) 3608.5' GR										

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT & ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
Other: Change Operator ☒			

(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.)

Change operator effective 7-1-91 from previous operator:

Enron Oil & Gas Company
P. O. Box 2267
Midland, Texas 79702

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

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 6/21/91

19. Space for Federal or State office use:

20. APPROVED BY _____ TITLE _____ DATE _____

21. REVISIONS OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side