

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

REMIT IN TRIPPLICATE
 (See instructions on back)

RECEIVED AUGUST 11 1991
 LEASE DESIGNATION AND SERIAL NO.
 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 proposals.)

1. UNIT AGREEMENT NAME	
2. FARM OR LEASE NAME Sand 7 Federal	
3. WELL NO. 5	
4. FIELD AND POOL, OR WILDCAT Shugart, North Bone Spring	
5. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T18S, R31E	
6. COUNTY OR PARISH Eddy	7. STATE NM
8. NAME OF OPERATOR Mitchell Energy Corporation	9. ADDRESS OF OPERATOR P. O. Box 4000, Woodlands, TX 77387-4000
10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) AT SURFACE 1750' FNL & 600' FWL	11. ELEVATIONS (Show whether DFL, RT, GR, etc.) 3579.4' GR
12. PERMIT NO. 30 015 26569	13. ELEVATIONS (Show whether DFL, RT, GR, etc.) 3579.4' GR

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JUL 30 1991

O. C. D.

ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ WELL OR ALTER CASING ☐
 FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐
 SHOOT - ACIDIZE ☐ ABANDON* ☐
 REPAIR WELL ☐ CHANGE PLANS ☐
 (Other) Change Operator XX

WATER SHUT-OFF ☐ REPAIRING WELL ☐
 FRACTURE TREATMENT ☐ ALTERING CASING ☐
 SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
 (Other) ☐
 (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE IN DETAIL 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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JUL 29 1991

RESERVOIR, NEW MEXICO

I hereby certify that the foregoing is true and correct

Signed Betty Eldon TITLE Regulatory Analyst DATE 6/21/91

FOR OFFICE OF FEDERAL OR STATE OFFICE USE

SIGNED BY _____ TITLE _____ DATE _____

REASONS OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side