

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DI
SUBMIT IN TRIPLICATE
(Other side)
DATE: 8/21/93

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. NAME OF OPERATOR Enron Oil & Gas Company ✓		2. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1830' FEL		4. PERMIT NO. 30 015 27490		5. ELEVATIONS (Show whether OF, RT, GR, etc.) 3529.6' GR		6. LEASE DESIGNATION AND SERIAL NO. NM 01159			
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Nelson 3 Federal		9. WELL NO. 10		10. FIELD AND POOL, OR WILDCAT Walters Lake Bone Spring		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3, T18S, R30E		12. COUNTY OR PARISH Eddy		13. STATE NM	

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 COMPLETION	<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 PLANE	<input type="checkbox"/>	(Other) Casing Test & Cement Job	<input checked="" type="checkbox"/>		<input checked="" 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.)

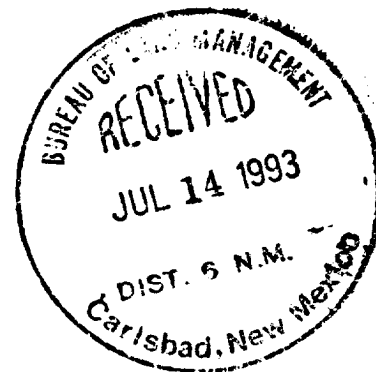
7-11-93 - Spud 2:30 am

7-11-93 - Set 11-3/4" H-40 42# ST7C at 508'. Cemented with 140 sacks P.S. Lite "C" + 2% CaCl₂ & 1/4#/sx Cello Seal; followed by 130 sacks Cl "C" + 2% CaCl₂. Circulated 50 sacks cement.

WOC - 17-3/4 hours.

30 minutes pressure tested to 1500#.

S. Lora
160



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

SIGNED

Betty Gildon
Betty Gildon

TITLE

Regulatory Analyst

DATE

7/13/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side