

UNITED STATES COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-01
Expires August 31, 1985

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. IF INDIAN, ALLOTTEE OR TRIBE NAME | 8. UNIT AGREEMENT NAME | 9. FARM OR LEASE NAME Nelson 3 Federal | 10. WELL NO. 10 | 11. FIELD AND POOL, OR WILDCAT Walters Lake Bone Spring | 12. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 3, T18S, R30E | 13. COUNTY OR PARISH Eddy | 14. STATE NM |
|--|--|---|-------------------------------|---|---|--------------------------------------|------------------------|---|--------------------|--|--|------------------------------|-----------------|

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 TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |

SUBSEQUENT REPORT OF: 7/16/93

| | | | |
|----------------------------------|-------------------------------------|-----------------|--------------------------|
| 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) 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.)

8-1-93 - Ran 154 jts 5-1/2" 15.50# J-55 LT&C casing and
Ran 25 jts 5-1/2" 20# P-110 LT&C/FJP casing set at 7353'.

Cemented with 800 sacks Pace Setter Lite Class H w/6% gel + 0.3% CF14
+ 25#/sx Cello Seal; mixed 200 sacks Class H + 8#/sx Cello Seal + 0.5% CF14
+ 0.3% Thrifty lite + 0.3% salt. Circulated 48 sacks cement to reserve pit.

WOC - 18 hours.

30 minutes pressure tested to 2500#, OK

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

SIGNED Betty Gildon

TITLE Regulatory Analyst

DATE 8/3/93

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side