

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN **TRIPlicate**  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
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<br>Enron Oil & Gas Company  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 01159                       |  |
| 2. ADDRESS OF OPERATOR<br>P. O. Box 2267, Midland, Texas 79702  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |  |
| 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>660' FSL & 1830' FEL |  | 7. UNIT AGREEMENT NAME  |  |
| 14. PERMIT NO.<br>30 015 27490  |  | 8. FARM OR LEASE NAME<br>Nelson 3 Federal                             |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3529.6' GR  |  | 9. WELL NO.<br>10   |  |
|   |  | 10. FIELD AND POOL, OR WILDCAT<br>Walters Lake Bone Spring            |  |
|   |  | 11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA<br>Sec 3, T18S, R30E |  |
|   |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|   |  | 13. STATE<br>NM   |  |

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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF: 9-15-93                  |   |
|--|---|--|---|
| 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) <input type="checkbox"/>               | (Other) <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.)\*

Please correct Item No. 31 on Well Completion or Recompletion Report

Perforation should read 7079-7187

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

|  |                                 |                     |
|--|---------------------------------|---------------------|
| SIGNED <u>Betty Gordon</u>                   | TITLE <u>Regulatory Analyst</u> | DATE <u>9/23/93</u> |
| (This space for Federal or State office use) |                                 |                     |
| APPROVED BY _____                            | TITLE _____                     | DATE _____          |
| CONDITIONS OF APPROVAL, IF ANY:              |                                 |                     |

\*See Instructions on Reverse Side