

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834  
APPROVED  
Budget Bureau No. 1004-0135  
Exempt: March 31, 1997  
L.C. 060904

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

|                                                                                                                                  |                                                |                                                                                     |                                                                                                                      |                                       |                                         |                                                   |                                 |                                                                   |                                                |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------------------|---------------------------------|-------------------------------------------------------------------|------------------------------------------------|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | 2. Name of Operator<br>Enron OIL & Gas Company | 3. Address and Telephone No.<br>P. O. Box 2267, Midland, Texas 79702 (915) 686-3714 | 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>2162' FNL & 784' FEL<br>Sec 12, T18S, R29E | 5. If Indian, Allotment or Tribe Name | 6. If Unit or CA, Agreement Designation | 7. Well Name and No.<br>Duggan 12 Federal Com. #1 | 8. API Well No.<br>30 015 28995 | 9. Field and Pool, or Exploratory Area<br>Sand Tank Strawn/Morrow | 10. County or Parish, State<br>Eddy County, NM |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------------------|---------------------------------|-------------------------------------------------------------------|------------------------------------------------|

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|----------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|
| 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |                                                                  |                                                  |
| TYPE OF SUBMISSION                                                               | TYPE OF ACTION                                                   |                                                  |
| <input type="checkbox"/> Notice of Intent                                        | <input type="checkbox"/> Abandonment                             | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Report                                       | <input type="checkbox"/> Recompletion                            | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice                                | <input type="checkbox"/> Plugging Back                           | <input type="checkbox"/> Non-Routine Fracturing  |
|                                                                                  | <input type="checkbox"/> Casing Repair                           | <input type="checkbox"/> Water Shut-Off          |
|                                                                                  | <input type="checkbox"/> Altering Casing                         | <input type="checkbox"/> Conversion to Injection |
|                                                                                  | <input checked="" type="checkbox"/> Other: Casing test & cmt job | <input type="checkbox"/> Dispose Water           |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

7-7-96 - Spud 7:30 a.m.

Ran 15 joints 11-3/4" 42# H-40 ST&C casing to 663.94'.

Cemented with 300 sacks Prem Plus cmt + 2% CaCl + 3% Econolite, 1/4#/sx Flocele, 11.4 ppg, 2.88 cuft/sx, 148 bbls slurry and 150 sacks Prem Plus + 2% CaCl, 14.8 ppg, 1.32 cuft/sx, 35 bbls and 50 sacks Prem Plus + 4% CaCl, 14.8 ppg, 1.32 cuft/sx, 12 bbls and 185 sacks Prem Plus + 4% CaCl, 14.8 ppg, 1.32 cuft/sx, 37 bbls slurry. WOC - 8-1/2 hours. 30 minutes pressure tested to 500 psi, OK.

Had to use one-inch pipe to get cmt back to surface. Circulated 15 sacks cement.

(OVER)

|                                                                                                                                                                                                                                                            |                                  |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|--|
| 14. I hereby certify that the foregoing is true and correct                                                                                                                                                                                                |                                  | Date: 8/5/96 |  |
| Signed: <u>Betty Gildon</u>                                                                                                                                                                                                                                | Title: <u>Regulatory Analyst</u> |              |  |
| (This space for Federal or State office use)                                                                                                                                                                                                               |                                  |              |  |
| Approved by: _____                                                                                                                                                                                                                                         | Title: _____                     | Date: _____  |  |
| Conditions of approval, if any:                                                                                                                                                                                                                            |                                  |              |  |
| Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. |                                  |              |  |

\*See Instruction on Reverse Side

7-12-96 - Ran 94 joints 8-5/8" 32# J-55 ST&C casing set at 3947'.

Cemented with 1100 sacks Prem Plus 50/50 Pozmix A + 20% gel, 1/4#/sack  
Flocel & 8#/sack salt, 11.90 ppG, 2.41 cuft/sx, 472 bbls slurry and  
250 sacks Prem Plus + 2% CaCl, 14.80 ppG, 1.34 cuft/sx, 59 bbls.  
Circulated 160 sacks.  
WOC - 13-3/4 hours. 30 minutes pressure tested to 1000 psi, OK.

8-2-96 - TD 11,743'

8-3-96 - Ran 24 joints 5-1/2" 17# GF-95 LT&C and 227 joints 5-1/2" 17# L-80 LT&C  
and 15 joints 5-1/2" 17# L-80 Butt casing set at 11,743 feet

Cemented with 290 sacks Prem Cmt + 3% Econolight + 1/4#/sx Flocel + 5#/sx salt,  
11.5 ppG, 2.90 cuft/sx, 149 bbls slurry; and 1753 sacks Prem 50/50 Poz cmt +  
2% gel, + .4% Halad-322 + .6% Halad 447, 14.4 ppG, 1.23 cuft/sx, 383.8 bbls.  
Circulated 28 sacks cement. WOC - 6 hours. 30 minutes pressure tested to  
5000 psi, OK.