

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other Instr.
verse side)

PLICATE*

Form approved.
Budget Bureau No. 1004-0185
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM 260

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Canadian Kenwood 18 Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

North Shugart Bone Spring

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T18S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Enron Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FNL & 1796' FWL of Section 18.

DEC 21 '87

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3636.8' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Other)

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.)*

Set CIBP at 11200' and dump 25' cement on top. Set CIBP at 10550' and dump 25' cement on top. Test casing to 1000 psi.

Perf Bone Spring 8496 - 8528 and acidize with 4000 gals 7-1/2% HCL acid and frac per service company recommendation.

Set RBP at 8450' and perf Bone Spring 8332-8372. Acidize with 4000 gals 7-1/2% HCL acid and Frac.

TOH with RBP, TIH with tubing and swab test. Set pumping equipment.

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

SIGNED

Betty Gildon

TITLE Regulatory Analyst

DATE

12/7/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

12-18-87

*See Instructions on Reverse Side