

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dst

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED
2. NAME OF OPERATOR Enron Oil & Gas Company ✓		OCT - 1 1991
3. ADDRESS OF OPERATOR P.O. Box 2267, Midland, Texas 79702		O. C. D. ARTESIA OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,980' FEL & 660' FSL		5. LEASE DESIGNATION AND SERIAL NO. NMB-18605
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
		7. UNIT AGREEMENT NAME
		8. FARM OR LEASE NAME Federal "RV" 4
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Revelation
		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Section 4, T22S, R25E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3,614' KB	12. COUNTY OR PARISH Eddy
		13. STATE NM

16. 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 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) Evaluate for recompletion <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.)*

A field study is currently underway in the Revelation field. The Federal "RV" 4 No. 1 is being evaluated for a possible Wolfcamp or Bone Springs recompletion. The results of this study and future plans for this well should be complete in approximately 60 days.

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

SIGNED [Signature]

TITLE Project Production Engineer DATE 09/04/91

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature] DATE 9/27/91

*See Instructions on Reverse Side