

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Mesa, NM 88210

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

45P

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | |
| 2. NAME OF OPERATOR Enron Oil & Gas Company (Formerly HNG Oil 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 1350' FNL & 1880' FEL Section 26 | |
| 14. PERMIT NO. - | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2967.0' GR |

RECEIVED BY
MAR - 2 1987
O. C. D.
ARTESIA OFFICE

| | |
|---|-----------------|
| 5. LEASE DESIGNATION AND SERIAL NO. NM 59387 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME Owen Mesa 26 Federal Com. | |
| 9. WELL NO. 1 | |
| 10. FIELD AND POOL, OR WILDCAT Owen Mesa /Atoka/ | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T24S, R29E | |
| 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: 2/2/87 | |
|--|---|---|--|
| 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) <u>Casing test & cement job</u> <input checked="" type="checkbox"/> | |

(Other) _____

(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.)*

2-21-87 - Set 11,050 feet of 7" 26# S-95 LT&C & ABC-Mod

Cemented with 950 sacks Dowel Lite 3 + .4% D112 + .2% D13 mixed at 12.4 ppg and 575 sacks Class H w/.4% D65 + .1% D13 + .3 gal/sx. D108 mixed at 16.2 ppg.

30 minutes pressure tested to 1000# OK. WOC - 19-1/2 hours.

ACCEPTED FOR RECORD

FEB 26 1987

CARLSBAD, NEW MEXICO



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

SIGNED Betty Gildon TITLE Regulatory Analyst DATE 2/24/87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side