

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on reverse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. NAME OF OPERATOR<br>Enron Oil & Gas Company               | 3. ADDRESS OF OPERATOR<br>P. O. Box 2267, Midland, Texas 79702 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1350' FNL & 1880' FEL of Section 26 | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM #59387 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | 7. UNIT AGREEMENT NAME | 8. FARM OR LEASE NAME<br>Owen Mesa 26 Federal Com. | 9. WELL NO. | 10. FIELD AND POOL, OR WILDCAT<br>Owen Mesa Bone Spring | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 26, T24S, R29E | 12. COUNTY OR PARISH<br>Eddy | 13. STATE<br>NM |
| 14. PERMIT NO.<br>-  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>2967.0' GR |  |   |  |                                      |                        |  |             |   |   |                              |                 |

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 checked="" type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> | (Other)               | <input type="checkbox"/> |                 |                                     |

(Other) PB to Bone Spring from Atoka X

(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.) \*

Perforated Atoka 12,666 - 12,697 - Squeezed with 50 sacks Class H

Perforated Atoka 12,576 - 12,585 - Squeezed with 50 sacks Class H

Perforated 11,487 - 11,731 - Set CIBP at 11,400 + 35' cement on top and set CIPP at 10,000' + 35' cement on top.

Perforated Bone Spring 7952 - 7962 - Frac with 8000 gal gelled FW pad & 20/40 sand.

Currently testing Bone Spring to evaluate for completion.

ACCEPTED FOR RECORD

SJS  
JUN 25 1987

CARLSBAD, NEW MEXICO

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

SIGNED

Betty Gildon

TITLE

Regulatory Analyst

DATE

6/23/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side