

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other instructions on reverse side)

LICATE*

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

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. 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
1750' FNL & 660' FWL

14. PERMIT NO. -

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2958.0' GR

DEC 29 '87

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-17224

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Queen Lake 20 Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Und. Atoka

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T24S, R29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Casing test & cement job</u>	<u>XX</u>

(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.) *

11-30-87 - Spud 10:00 p.m.

12/1/87 - Set 577 feet of 42# H-40 ST&C casing. Cemented with 1567 sacks Class C 2% CaCl₂ 1/4# Flocele. Mixed at 12.7 ppg. Yield 1.32. Circulated to surface.

30 minutes pressure tested to 1000#. WOC -31-3/4 hours.

RECEIVED
DEC 9 10 45 AM '87
CARLETON RESOURCE
AREA HEADQUARTERS

DEC 15 1987

SJS

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

SIGNED

Betty G. Seldon

TITLE

Regulatory Analyst

DATE

12/8/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side