

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructions
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Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

215

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 ✓	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, Sec. 20	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
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2958.0' GR											

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

NOTICE OF INTENTION TO:

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"/>	

SUBSEQUENT REPORT OF: 1/6/88

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) casing test & cement job <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.)*

1/21/88 - Set 3-1/2" 10.30# C-75 Liner set at 12,387'. TOL: 10,924'.

Cemented with 168 sacks Class H .25 gal/sx D603, .4 gal/sx D604, mixed at 16.4 ppg, yield 1.06.

30 minutes pressure tested to 2000#. WOC 23 hours.

ACCEPTED FOR RECORD

FEB 1 1988

SJS

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED Betty Gildon

TITLE Regulatory Analyst

DATE 1/25/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side