

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>	MAR 03 '88	5. LEASE DESIGNATION AND SERIAL NO. NM 17224
2. NAME OF OPERATOR Enron Oil & Gas Company	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	ARTESIA, OFFICE	7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Queen Lake 20 Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2958.0' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Und. Wolfcamp
		11. SEC., T., S., M., OR BLE. AND SUBVY OR ARMA 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"/>	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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) PB from Atoka to Wolfcamp 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.)

Squeeze Atoka perforations 12269 - 12282 feet with 35 sacks Class H; displace cement to 12000'. Pressure test squeeze to 1000 psi.

Circulate hole with 2% KCL and spot 25 sacks Class H cement from 10900 to 10700 feet.

Perforate wolfcamp from 10026 to 10034 feet, and acidize with 1000 gals 7-1/2% NEFE.

Spot 100 gals 7-1/2% NEFE at 9899 feet. Perforate Wolfcamp from 9884 to 9899 feet, and acidize with 2000 gals 7-1/2% NEFE. Frac with 40,000 gals 40# delayed cross-link gelled 2% KCL + 49,500# Santrol Super HS 20/40 proppant.

Flow and/or swab test.

RECEIVED
FEB 22 8 59 AM '88
CARLE AREA
BUREAU OF LAND MANAGEMENT

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

SIGNED <u>Betty Gindon</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>2/19/88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>3-2-88</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

SJS

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.

3. The third part of the document is a list of names and addresses of the members of the committee.