

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

LEASE DESIGNATION AND SERIAL NO.
NM 53229

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"/>	RECEIVED SEP 18 1992 O.C.D. WATER OFFICE	5. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Enron Oil & Gas Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		8. FARM OR LEASE NAME Rustler Bluff Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1195' FSL & 935' FWL		9. WELL NO. 1
14. PERMIT NO. 30 015 27082	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2942.7' GR	10. FIELD AND POOL, OR WILDCAT Und. Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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: 8/28/92

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) <input checked="" type="checkbox"/> Casing Test & Cement job	

(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.)*

8-28-92 - Spud at 1:00 am (Grace Rig #189)

8-28-92 - Ran 15 jts 54.50# K-55 ST&C 13-3/8" csg set at 600'.

Cemented with 635 sx Haliburton Premium plus w/2% CaCl; Circulated out 150 sacks.

WOC - 19-1/4 hours. 45 minutes pressure tested to 1500 psi, OK.

I hereby certify that the foregoing is true and correct

SIGNED Betty GILSON TITLE Regulatory Analyst

DATE 8/31/92

This space for Federal or State office use:

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side