| | U ED STATES ME OF THE INTERIOUS OF LAND MANAGEMENT | 周文 電影e Bide) | ATE Budge Expir | approved, et Bureau No. 1 es August 31, 1 esignation and a MM 15302 | 1985 🗸 |
|---|--|--|---|---|---------------|
| SUNDRY NOT (Do not use this form for propos Use "APPLICA" | ICES AND REPORTS Crais to drill or to deepen or plug baction FOR PERMIT—" for such pro | N WELLS TO TEST TEST TO THE POPULATION OF THE PO | 6 IF INDIA | N, ALLOTTEE OR T | RIBE NAME |
| OIL GAS WELL X OTHER | . /. | FES 12 '88 | 7. UNIT AGE | EEMENT NAME | |
| 2. NAME OF OPERATOR | | 12.00 | 1 | LEASE NAME | |
| CNG Producing Company 3. ADDRESS OF OPERATOR | V | <u>O. C. D.</u> | Bar 4 F | | |
| Canal Place One, Ste. | 3100, New Orleans, LA | 70130 ^{ARTESIA, OFFICE} | 1 | | |
| 4. LOCATION OF WELL (Report location c See also space 17 below.) At surface | learly and in accordance with any S | State requirements. | / NTA - | ND POOL, OR WILL | |
| 10201 FCL # CC | Ol Fill of Continu | | 11. SEC., T., | Bluff Atol | |
| 1830 FSL & 66 | O' FWL of Section 4 | | | EY OR ARMA | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, | RT, GR. etc.) | | T25S, R29 | |
| CER #157 | 2943.7' GR | | Eddy | 10. | NM |
| 16. Check Ap | propriate Box To Indicate No | ature of Notice, Report | , or Other Data | <u>-</u> | |
| NOTICE OF INTEN | | | UBSEQUENT REPORT (|) F : | |
| | PULL OR ALTER CASING | WATER SHUT-OFF | | EPAIRING WELL | |
| | MULTIPLE COMPLETE | FRACTUBE TREATMENT | <u> </u> | LTERING CASING | |
| | THANGE PLANS | SHOOTING OR ACIDIZIN | | BANDON MENT* | <u> X </u> |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is direction | | t ombletion or R | results of multiple c ecompletion Report s | and Log form) | e11 |
| Please change Operat to CNG Producing Cor | tor of Record for the npany. | above-named well | from Enron | Oil & Gas | Company |
| | | | | •- | |
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| | | | | Part: | T0-3 |
| | | | | Part 7 | 6.58 |
| | | | | do | -20 |
| | | | | dz. | op. |
| 18. I hereby certify that the foregoing is | true and correct | | | | |
| SIGNED Retty Gillon | _ | atory Analyst | DATE | 2/3/88 | |
| (This space for Federal or State office | : use) | | | | 700 |
| APPROVED BY | TITLE | | | FOR RECO | (5 Ld |
| CONDITIONS OF APPROVAL, IF AN | ny: | | DATE | E 1000 | |
| | | | FEB | 5 1988 | |

*See Instructions on Reverse Side

CARLSBAD, NEVI MEXICO