

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

MAR 2 1994

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM 77048

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Gunnison "34" Federal #1

9. API Well No.

10. Field and Pool, or Exploratory Area

Wildcat Bone Spring

11. County or Parish, State

Eddy County, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Dry-Hole

2. Name of Operator

Enron Oil & Gas Company

3. Address and Telephone No.

P. O. Box 2267, Midland, Texas 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1880' FSL & 2180' FEL
Sec 34, T25S, R31E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent to P&A

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

2-4-94 - TD 9400'.

Plugging Procedure approved verbally (Adam Salameh) 2-5-94

1. Plug from 8280' back to 7980' (300') 100 sacks cement.

2. Plug from 4300' back to 4000' (300') 100 sacks cement.

3. Plug from 713' back to 450' (263') 75 sacks of cement. This plug will be tagged.

4. Plug from 50' back to surface (50') 25 sacks cement.

11-3/4" casing set at 634' - Cemented with 425 sacks - Circulated to surface.

8-5/8" casing set at 4209' - Cemented with 1293 sx PSL & 225 Cl C - Circulated to surface.

(OVER)

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

Signed Betty Gildon Betty Gildon Title Regulatory Analyst

Date 2/7/94

(This space for Federal or State office use)

Approved by (ORIG. SCD.) JOE G. LARA Title PETROLEUM ENGINEER

Date 3/1/94

Conditions of approval, if any:

015F

RECEIVED
MAR 9 10 45 AM '94

Formation Tops:

Rustler	1070
Top Salt	1416
Base Salt	4025
Delaware	4238
Bone Spring	8282
1st Bone Spring Sand	9242

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

FEB 14 1994

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Enron Oil & Gas Company	Well API No.	30-015-27760
Address			
P. O. Box 2267, Midland, Texas 79702			
Reason(s) for Filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
Dry Hole P&A 2-7-94			
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Gunnison "34" Federal	Well No.	1	Pool Name, including Formation	Wildcat Bone Spring	Kind of Lease FED State, Federal or Fee	Lease No.	NM 77048
Location								
Unit Letter	J	1880	Feet From The	south	Line and	2180	Feet From The	east
Section	34	Township	25S	Range	31E	NMPM	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
N/A						
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
N/A						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-18-94			9400'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3339.8' GR								
Perforations						Depth Casing Shoe		
N/A								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	11-3/4"		634'		425 C1 C			
11"	8-5/8"		4209'		1293 PSL C & 225 C1 C			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Betty Gildon
Betty Gildon, Regulatory Analyst
Printed Name 2/11/94 Title 915/686-3714
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved Record post
By Only
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.