

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 701-94-0010
2. Name of Operator ENRE CORPORATION	6. If Indian, Allottee or Tribe Name JICARILLA APACHE
3. Address and Telephone No. P. O. BOX 6027 SAN ANTONIO, TEXAS 78209	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SE 1/4 SW 1/4 SEC 24 T 27 N, R 2 W 1025' FSL & 2030' FWL	8. Well Name and No. LEAVY CANYON 24N #1
	9. API Well No. 30-039-25229
	10. Field and Pool, or Exploratory Area BLANCO MESA VERDE
	11. County or Parish, State RIO ARriba NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)

PRESSURE TEST DATA:

12/17/94 SET CIRBP @ 5988', LOAD CSG W/2% KCl WATER, PRESSURE UP ON CSG TO 3500 PSI, held OK for 30 min., PERFORATE AS PER PREVIOUS REPORT (12/31/94)

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

Signed [Signature] Title VP

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make false statements or representations as to any matter within its jurisdiction.

or fraudulent statements

\*See Instruction on Reverse Side