

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

25F

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.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED FEB 10 10 54 AM '93 O.C.D. FEB 27 1993		5. LEASE DESIGNATION AND SERIAL NO. LC-057634
2. NAME OF OPERATOR Enron Oil & Gas Company <i>Aguid 7377</i>		8. FARM OR LEASE NAME McIntyre A		6. IF INDIAN ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		9. WELL NO. 6		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 990' FSL & 1650' FEL		10. FIELD AND POOL OR WILDCAT S. Loco Hills Morrow		8. FARM OR LEASE NAME McIntyre A
14. PERMIT NO. 30 015 04224		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3633' GR		9. WELL NO. 6
				11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 20, T17S, R30E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 6/29/92	
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 COMPLETION <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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) (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.)*

Cut 2-3/8" tubing at 10,860' & LD 32 joints.
Displace fluid in hole with 9.4# cut brine
2-1-93 Mix 25 sacks Class H w/2% CaCl2, 15.6 ppg at 10,840'. Tag cement at 10,592'.
2-2-93 Cut 4-1/2" casing at 5352'.
2-8-93 Mix & pump 35 sacks Class H w/2% CaCl2, 15.6 ppg at 5441'. Tag top of plug at 5262'.
Mix & pump 50 sacks Class "C", 15.6# at 2638'.
2-4-93 Tagged plug at 2454'.
Mix and pump 25 sacks Class C, 14.8# set at 1897'. 50' cement plug at surface.

*Post ID-2
2-19-93
PJM*

Approved as to plugging of the well bore,
Liability under bond to remain until
surface restoration is completed.

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

SIGNED Betty G. Gordon TITLE Regulatory Analyst DATE 2/9/93

(This space for Federal or State office use)

APPROVED BY (O.C.D.) DAVID R. GLASS TITLE PETROLEUM ENGINEER DATE 2-17-93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side