

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on
reverse side)

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

LEASE DESIGNATION AND SERIAL NO.

NM 11333

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Enron Oil & Gas Company	8. FARM OR LEASE NAME Federal 31
3. ADDRESS OF OPERATOR	9. WELL NO. 2Y
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1909' FSL & 2051' FWL Unit K	10. FIELD AND POOL, OR WILDCAT Flying M San Andres
14. PERMIT NO. 30-025-26626	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 31, T9S, R33E
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 4243' GR	12. COUNTY OR PARISH Lea
	13. STATE NM

16. 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 COMPLETE <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: 7/12/91

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

10/1/91 - Circ hole w/9# mud
Spot 20 sx cmt plug from 4156' to 4006' - tagged plug @ 4134'
pumped additional 20 sx plug @ 4134' - tagged plug @ 3990'

10/2/91 Cut & recovered 1414.93' of 5-1/2" csg
TIH to 1474' (60' inside 5-1/2" stub) & pump 50 sx cmt plug - tagged top at 1319'.

10/3/91 Set 50' cmt plug from 50' back to surface.
Weld on dry-hole marker & cut off deadmen.

CASING RECORD AFTER PLUGGING

Size	wt.#ft	Put in Well (ft)	Left in well (ft)	Hole Size
8-5/8"	24#	1580	1580	12-1/4
5-1/2"	15.5#	4366	2951	7-7/8

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

I hereby certify that the foregoing is true and correct

SIGNED Betty Gilson TITLE Regulatory Analyst DATE 10/11/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10/27/91

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side