

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. Box 1000
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 01334B

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 checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Enron Oil & Gas Company	8. FARM OR LEASE NAME Texaco Federal
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FWL, Sec. 27	10. FIELD AND POOL, OR WILDCAT Todd Upper San Andres
14. PERMIT NO. 30 041 10200	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T7S, R35E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4204' GL	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 1/5/89

TEST WATER SHUT-OFF <input type="checkbox"/>	REIL 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"/>	

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.) *

2/27/89 - Circ hole w/65 bbl 10 ppg mud

Pump 30 sacks Class H cmt plug to 4150' - Tagged plug at 3830'
Cut and recovered 1003' of 4-1/2" casing.

2/28/89 - Pump 40 sacks Class H cmt plug at 1050' - Tagged cement at 950'
Pump 45 sacks Class H cement at 331' - Tagged plug at 220'
Set 50 foot plug at surface and installed dry-hole marker.
P&A 2/28/89.

CASING & TUBING RECORD

Csg Size	Wt lb/ft	Put in Well	Hole Size	Left in Well
8-5/8"	24#	281'	10-3/4"	281
4-1/2"	11.6#	4315'	7-7/8"	3312'
2" Tubing		4150'		-0-

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

SIGNED Betty Gildon

TITLE Regulatory Analyst

DATE 3/1/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED DATE PETER W. CHESTER APR 4 1989 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
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