

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM 53239 |
| 2. NAME OF OPERATOR Enron Oil & Gas Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702 | | 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 1750' FSL & 990' FEL | | 8. FARM OR LEASE NAME Shinnery 1 Federal |
| 14. PERMIT NO. 30-025-30627 | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3905.7' GR | | 10. FIELD AND POOL, OR WILDCAT Young, North Bone Spring |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T18S, R32E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE NM |

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, _____) | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| 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 type="checkbox"/> |
| (Other) Casing test & cement job | XX |

(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.)*

6-13-89 - Spud 6:15 p.m.

6-14-89 - Set 13-3/8" casing at 615'. (48# H-40 ST&C)

Cemented with 900 sacks Class C - Circ 149 sacks to surface.

WOC 19 hours - 30 minutes pressure tested to 1000#. --OK.

6-17-89 - Set 9-5/8" at 2971' (53.50# S-95 LT&C)

Cemented with 900 C1 C lite & 300 C1 C. - Circulated 112 sacks to surface.

WOC 22 hours - 1/2 hour pressure tested to 1500#. -- OK.

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

SIGNED Betty Gildon

TITLE Regulatory Analyst

DATE 6/21/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED

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