

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
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Budget Bureau No. 1004-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.
NM 53239

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Enron Oil & Gas Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		8. FARM OR LEASE NAME Bingo Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 1980' FEL		9. WELL NO. 1
14. PERMIT NO. 30-025-31191		10. FIELD AND POOL, OR WILDCAT Corbin, West Delaware
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3833.3' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13, T18S, R32E
		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:

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) <input checked="" type="checkbox"/> 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.) *

3-17-91 - Spud 8:00 pm.

3-18-91 - Set 8-5/8" 24# J55 ST&C surface casing at 456'.

Cemented with 275 sx Hallib Prem Plus (C1 C) cmt + 2% CaCl₂ yield 1.32 cuft/sx, 14.8 ppg; Circulated 63 sacks

48-1/2 hr WOC. 30 minutes pressure tested to 700 psi.

DoS

I hereby certify that the foregoing is true and correct
Betty G. Gordon
SIGNED Betty G. Gordon TITLE Regulatory Analyst DATE 3/25/91
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side