Νr		ID STATES T OF THE INTERI LAND MANAGEMENT		Expires 5. LEASE DESI	Burgau No. 106 August 31, 19 GNATION AND SE	85 RIAL NO	
	SUNDRY NOTICES 14 not use this form for proposals to Use "APPLICATION"		N WELLS ack to a different reservoir. opposais.)			IBE NAME	
-	WELL X WELL OTHER			7. UNIT AGREE			
2.	Enron Oil & Gas Company			Silverto	n 31 Fede	ral	
1.	LOCATION OF WELL (Report location clearly See also space 17 below.)	O. Box 2267, Midland, Texas 79702 TION OF WELL (Report location clearly and in accordance with any State requirements.*			1 10. FIELD AND POOL, OR WILDCAT Brushy Canyon		
	660' FSL & 660' FWL	UnitM	SURVEY	Sec 31, T22S, R32E			
14.	PERMIT NO. 15.	NO. 15 ELEVATIONS (Show whether DF, RT. CR. etc.)			12. COUNTY OR PARISH 13. STATE		
	30 025 32093	3487.0)' GR	Lea		NM	
16.	Check Approp	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
	NOTICE OF INTENTION	EQUENT REPORT OF: 7/27/93					
		R ALTER CASING	WATER SHUT-OFF	 ;	PAIRING WELL		
	FRACTURE TREAT SHOOT OR ACIDIZE ABAND	PLE COMPLETE	FRACTUBE TREATMENT SHOOTING OR ACIDIZING	i !	TERING CASING	 	
	; !	E PLANE	Other) Casing			ΚX	
	(Other)	Note: Report results of multiple completion on Wel					
17.	17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 8-2-93 - TD at 8461' PBTD at 8408' 5-1/2" Casing 8-3-93 - Ran 25 joints 17# J-55 LT&C casing and						
	8-3-93 - Ră n 25 Joints 1 165 joints	7# J-55 LT&C casi 15.50# J-55 LT&C	J-55 LT&C casing and 5.50# J-55 LT&C casing set at 8456'.				
	+ .3 of 1% CR-14 2.04 cuft/sx. M + 8#/sx CSE (ext	(fluid loss agen ixed and pumped 1 ender) + .1 of 1%	O barrel slurry) pacesetter lite 65/35/6 Class "C" s agent) + 6/sx salt + 4#/sx Gilsonite, 12.5 ppg, mped 120 sacks (34.6 bbl slurry) Class "H" of 1% CF-14 (Fluid Loss Agent) + .35% Thrifty Lite 2 cuft/sx. TOC at 4538'				
	WOC - 24 hours		30 minues pressur	e tested to	tested to 1500#, OK.		
		•			AUG CARE AREA		
			L. Lara		သ	23 En	
			\mathcal{O}^{+}_{3}			Ö	
					10	\ V	
	Λ			: :-		CEIVED	
18	. I hereby certify that the foregoing is true	į			*** & ***		
	SIGNED Betty Sildon	TITLE RE	gulatory Analyst	DATE	8/4/93		
(This space for Federal or State office use)							
	APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE			
		1					

RECEIVED

SEP 0 8 1993

OFFICE