

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other side)
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 21511

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Madera 33 Federal Com.

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Pitchfork Ranch Atoka

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 33, T24S, R34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Enron Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2308' FSL & 1980' FEL, Sec. 33

14. PERMIT NO.

CER-194

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3395.8' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION: (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 perti-
nent to this work.)*

11/2/87 - Frac perfs 13892 - 13904 with 4000 gal Envar-288 prepad and 18,400 gal
gelled fresh water + 15,100# 20/40 InterProp.

ACCEPTED FOR RECORD

NOV 1 1987

SJS
ALSBAD, NEW MEXICO

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

SIGNED

Betty Gildon

TITLE

Regulatory Analyst

DATE

11/3/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
NOV 13 1981
HQBRS OFFICE