

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Enron Oil & Gas Company

3. Address and Telephone No.

P. O. Box 2267, Midland, Texas 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 1980' FEL of
Section 6, T24S, R32E

Unit J

5. Lease Designation and Serial No.

NM 77064

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Mesa Verde 6 Federal #2

9. API Well No.

30 025 32202

10. Field and Pool, or Exploratory Area

Wildcat Delaware

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☐ Other
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

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

13. 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.)*

10-8-93 -

2-7/8" tubing set at 8402.74'

10-9-93 -

Set Pumping unit (2-1/2" x 1-3/4" x 22')

10-10-93 -

24 hours pumping 66 B0, 187 BW, 300 MCF, CP 400# - GOR 4545 cuft/bbl

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

Signed Betty Gildon

Title Betty Gildon, Regulatory Analyst

Date 10/13/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____