

Form 3160-5
(August 1999)

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

**FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000**

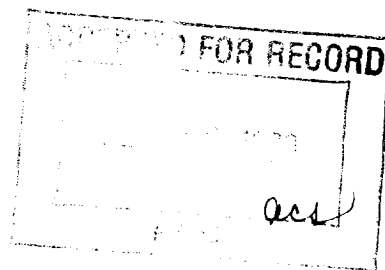
1. Type of well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5 Lease Serial No. NM 19858
2. Name of Operator Enron Oil & Gas Company		6 If Indian, Allottee or Tribe Name
3a. Address P.O. Box Midland, TX 79702	3b. Phone No. (include area code) (915)686-3714	7 If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1,150' FSL & 660' FWL, Sec 35, T24S, R33E		8 Well Name and No. Triste Draw "35" Fed No. 1
		9 API Well No. 30-025-34719
		10 Field and Pool, or Exploratory Johnson Ranch Wolfcamp
		11 County or Parish, State Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Casing and cement
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

10/17/99 - Ran 285 jts 5-1/2", 17#, P-110 casing to 12,864'. Cemented as follows: 1st Slurry 900 sx Class "H" + 3% CaCl₂ + 3% SMS + .2% B-3 + 1/4#/sk Celloflake, weight 14.2 #/gal, 1.26 cu ft/sk, 452 bbls. 2nd Slurry 250 sx Class "H" + 50/50 POZ + 2% gel + 1% FL-25 + .2% SMS, weight 14.2 #/gal, 1.26 cu ft/sk, 56 bbls. TOC calculated @ 4498'. Tested casing to 5000 psi - OK.



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Mike Francis

Title Agent

Signature

Mike Francis

Date

12/21/99

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct thereon.

Title

Date

12/21/99

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

