

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructio
verse side)

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

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Enron Oil & Gas Company	8. FARM OR LEASE NAME Brinninstool 21 Federal
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT Wildcat Morrow
14. PERMIT NO. -	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 21, T25S, R33E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3364.0' GR	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF: 12/1/87

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Casing test & cement job

X

(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.)

Amended TD to 16,050.

12-31-87 - Set 4-1/2" liner 15.10 P110 TripleSeal at 16,047'. TOL @ 12,889.

Cemented with 425 sx. Class H, .8% Halad 22A, .4% CFR-2 mixed at 16.4 ppg.

30 minutes pressure tested to 2500 psi. WOC - 21 hours.

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

SIGNED

Betty Seldon
Betty Galdon

TITLE Regulatory Analyst

DATE 1/13/88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 22 1988

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO