

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

TE-  
10

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 <input type="checkbox"/>		2. NAME OF OPERATOR Enron Oil & Gas Company		3. ADDRESS OF OPERATOR P.O. Box 2267, Midland, TX 79702		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990' FSL & 1980' FEL unit 0		5. LEASE DESIGNATION AND SERIAL NO. NM 30400		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO. 30 025 30982		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3441.9' GR		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Half 6 Federal Com.		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Pitchfork Ranch (Morrow)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T25S, R34E		12. COUNTY OR PARISH Lea		13. STATE NM			

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>				
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>				
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>				
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>				
(Other) Amend Proposed Depth				(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.)\*  
  
Amend Depth from 15,450' to 15,800'

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

SIGNED Jerry Whitley TITLE Production Analyst DATE 11-19-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-29-90  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side