

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 30400
2. Name of Operator Enron Oil & Gas Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 2267, Midland, Texas 79702	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 1980' FWL Sec 12, T25S, R33E	8. Well Name and No. Hallwood 12 Federal #1
	9. API Well No. 30 025 32050
	10. Field and Pool, or Exploratory Area Red Hills (Bone Spring)
	11. County or Parish, State Lea County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Acidize Bone Spring
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

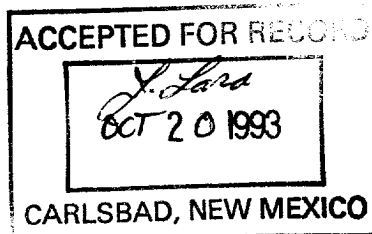
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

0-4-93 Acidize Bone Spring Formation w/5000 gal 15% HCl acid.

0-5-93 24 hours flowing to tank

Flowing 110 BOPD on 35/64" choke; TP 60, CP 0; 8 BWPD; 0 MCFD



OCT 8 11 22 AM '93

RECEIVED

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

Signed Betty Gildon Title Regulatory Analyst Date 10/7/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: