

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. ATE\*  
(Other instructions on re-  
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. WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 19623
2. NAME OF OPERATOR Enron Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2267, Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FNL & 660' FWL		8. FARM OR LEASE NAME Vaca 13 Federal
14. PERMIT NO 30 025 32130		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3356.3' GR		10. FIELD AND POOL, OR WILDCAT Red Hills (Bone Spring)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13, T25S, R33E
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Casing test & cement job	

(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.)\*

9-9-93 - Spud 10:00 pm

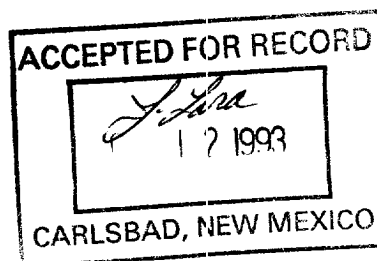
Ran 15 joints 42# H-40 ST&C 11-3/4" casing set at 645'.

Mixed and pumped 251 sacks cement + 4% gel, 1/4# cello-seal, 2% CaCl<sub>2</sub> (78 bbls slurry) at 250# 6-1/2 BPM, 13.5 ppg, 1.74 cuft/sx. Mixed and pumped 100 sacks Class "C" = 1/4# cello seal, 2% CaCl<sub>2</sub> (24 bbls slurry) at 250# to 500# 6-1/2 BPM, 14.8 ppg, 1.33 cuft/sx. Circulated 77 sacks.

WOC 20-3/4 hours

30 minutes pressure tested to 600 psi, OK.

RECEIVED  
SEP 13 12 54 PM '93



RECEIVED  
SEP 15 11 26 AM '93

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

SIGNED

Betty Gildon

TITLE

Regulatory Analyst

DATE

9/13/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

SEP 18 1993

W. ROBB  
OFFICE