

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

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 ☒ Oil Well ☐ Gas Well ☐ Other	5. Lease Designation and Serial No. NM 18640-A
2. Name of Operator Enron Oil & Gas Company	6. If known, Allotment or Tribe Name
3. Address and Telephone No. P. O. Box 2267, Midland, Texas 79702 (915) 686-3714	7. If Unit or C.A. Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 510' FSL & 660' FWL Sec 6, T25S, R34E	8. Well Name and No. Half 6 Federal #3
	9. API Well No. 30 025 32680
	10. Field and Pool, or Exploratory Area Red Hills Bone Spring
	11. County or Parish, State Lea County, NM

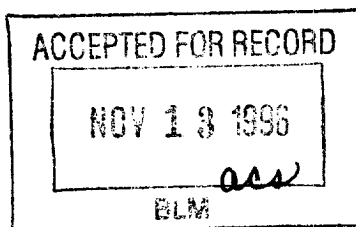
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other: Added tubing to well	☐ 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.)

9-24-96 - Ran 386 joints 2-7/8" 6.50# N-80 8rd tubing set at 12,230.65'

10-23-96 - 24 hrs 250 MCFD, 134 BOPD, 18/64", FTP 85, CP 900, 0 BWPD.



14. I hereby certify that the foregoing is true and correct.
Signature: Betty Gildon Title: Regulatory Analyst Date: 11/4/96
(This space for Federal or State office use)
Approved by: _____ Title: _____ Date: _____
Conditions of approval, if any: