

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30 015 27170
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6442
7. Lease Name or Unit Agreement Name Poker Lake 32 State
8. Well No. 4
9. Pool name or Wildcat Wildcat Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3361' GR

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Enron Oil & Gas Company	
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	
4. Well Location Unit Letter A : 560 Feet From The north Line and 660 Feet From The east Line Section 32 Township 23S Range 31E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3361' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
SUBSEQUENT REPORT OF: 11/13/92	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-16-92 - 8-5/8" 32# J-55 ST&C intermediate casing set at 4154'.

Cemented with 1600 sacks Halliburton light "Prem Plus" + 10#/sx salt + 1/4#/sx Flocele, 12.9 ppg, 1.89 cuft/sx; pumped 275 sacks Halliburton "Prem Plus" + 2% CaCl, 14.8 ppg, 1.32 cuft/sx; Circulated 240 sacks.

1/2 hour pressure tested to 2000 psi. WOC - 19 hours

Cementing job witnessed by Mike Stubblefield of NMOCD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Betty Gildon TITLE Regulatory Analyst DATE 11/19/92  
TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

(This space for State Use) ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 19 1992

CONDITIONS OF APPROVAL: ANY