

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

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

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

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

WELL API NO. 30 015 27171
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6442

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.
(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	7. Lease Name or Unit Agreement Name Poker Lake 32 State
2. Name of Operator Enron Oil & Gas Company	8. Well No. 5
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Pool name or Wildcat Wildcat Delaware
4. Well Location Unit Letter C : 660 Feet From The north Line and 1980 Feet From The west Line Section 32 Township 23S Range 31E NMPM Eddy County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3351' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

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.

11-27-92 - Set 13-3/8" 48# H-40 ST&C Surface Casing at 734'.

Cemented with 350 sacks Halliburton Lite + 1/2# Flocele/sx, 12.7 ppg, 1.84 cuft/sx; pump 250 sacks Halliburton Prem Plus + 2% CaCl₂, 14.8 ppg, 1.32 cuft/sx. Circulated 88 sacks

30 minutes pressure tested to 900 psi, OK. WOC - 18 hours.

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 12/1/92
TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 14 1992