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 27927

5. Indicate Type of Lease
STATE X   FEE ☐

6. State Oil & Gas Lease No.
E-5229-4

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.) RECEIVED

7. Lease Name or Unit Agreement Name
James Ranch Unit

1. Type of Well:
OIL WELL [X]   GAS WELL ☐   OTHER

OCT 11 '94

8. Well No.
71

2. Name of Operator
Enron Oil & Gas Company

C. O. D.
ARTESIA, OFFICE

3. Address of Operator
P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat
Und. Bone Spring

4. Well Location

Unit Letter __A__ : __330__ Feet From The __north__ Line and __660__ Feet From The __east__ Line

Section __36__   Township __22S__   Range __30E__   NMPM   Eddy   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3322' 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	[X]		
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.

Change plans on 5-1/2" casing. DV Tool will not be set.

Enron will cement back to 3625'± with the use of N^2 ahead of lead cement.

AND amend TD to 11,250'

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

SIGNATURE _____   TITLE Regulatory Analyst   DATE 10/7/94

TYPE OR PRINT NAME Betty Gildon

915/686-3714
TELEPHONE NO.

(This space for State Use)

SUPERVISOR DISTRICT II

APPROVED BY _____   TITLE _____   DATE OCT 2 4 1994

CONDITIONS OF APPROVAL, IF ANY: