

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5229-4
7. Lease Name or Unit Agreement Name	James Ranch Unit
8. Well No.	71
9. Pool name or Wildcat	Und. Bone Spring/Wolfcamp
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3322' 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 ☒ GAS WELL ☐ OTHER ☐

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 : 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Ran tubing ☒

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.

11-29-94 - Ran 343 joints of 2-7/8" J-55 EUE tubing set at 10,697'.

DEC 01 1994

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 11/30/94

915/686-3714

TELEPHONE NO.

TYPE OR PRINT NAME

Betty Gildon

(This space for State Use)

SUPERVISOR, DISTRICT II

DATE

DEC 6 1994

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY: