

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, Aramis, 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.

5. Indicate Type of Lease

STATE ☒

FED ☐

6. State Oil & Gas Lease No.

L 6331

7. Lease Name or Unit Agreement Name

McConnell Ranch (Enhanced
Recovery) Unit

8. Well No.

ORU # 4

9. Pool name or Wildcat

Wildcat, Chinle

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-104) FOR SUCH OPERATIONS)

1. Type of Well:

OR
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Enercap Corporation

3. Address of Operator

16945 Northchase Dr., Ste. 1700

4. Well Location

Unit Letter C : 500 Feet From The N Line and 2310 Feet From The W Line

Section 15 Township 11 N Range 25 E NMPM Guadalupe County

10. Elevation (Show whether LF, RCB, RT, CR, etc.)

4515.8" 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.

Fill hole with water. Set 20' surface plug. Set dry hole marker.

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

SIGNATURE

TITLE V. P. of Operations

DATE 6/8/92

TYPE OR PRINT NAME

Ramon Elias

(713)
TELEPHONE NO. 876-0170

(This space for State Use)

APPROVED BY

DISTRICT SUPERVISOR

DATE 6-12-92

CONDITIONS OF APPROVAL, IF ANY: