

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG 5209

7. Lease Name or Unit Agreement Name

T-4 (Enhanced Recovery)
Unit

8. Well No.

1 (Karen State 1)

9. Pool name or 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-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Enercap Corporation

3. Address of Operator

16945 Northchase, Ste. 1700

Houston, TX 77060

4. Well Location

Unit Letter N : 330 Feet From The S Line and 2310 Feet From The W Line

Section

8

Township

11 N

Range

26 E

NMPM

Guadalupe

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4777.0 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 well with water. Set 20 ft. 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

Ramon Elias

TITLE

V. P. Operations

DATE 6/3/92

(713)

TELEPHONE NO. 876-0170

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

6-8-92

CONDITIONS OF APPROVAL, IF ANY: