

Submit 3 Copies  
to Appropriate  
District OfficeState of New Mexico  
Energy, Minerals and Natural Resources Department

## 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 &amp; Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

O'Connell Ranch (Enhanced  
Recovery) Unit

8. Well No.

Daisy # 1

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-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 Dr., Ste. 1700, Houston, Tx. 77060

4. Well Location

Unit Letter K : 1650 Feet From The S Line and 2310 Feet From The W LineSection 10 Township 11N Range 25E NMPM Guadalupe County

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

4498.0 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.

7-1 MIRU Mack's Drilling RIH W/2-3/8 tub tag at 140', circulate to 280',  
set plug # 1 at 280-230' (per verbal approval of Roy Johnson)  
T.O., set 20' surface plug, set dry hole marker, clean location.

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. of OperationsDATE 7/15/92  
(713)TYPE OR PRINT NAME Ramon EliasTELEPHONE NO. 876-0170

(This space for State Use)

APPROVED BY Ry JohnsonTITLE DISTRICT SUPERVISORDATE 7-27-92

CONDITIONS OF APPROVAL, IF ANY: