

JUL 13 '92 10:13

P. 16/23

Form C-103
Revised 1-1-89Submit 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

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

WELL API NO.

3. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

L 6331

7. Lease Name or Unit Agreement Name

O'Connell Ranch (Enhanced
Recovery) Unit

8. Well No.

ORU # 7

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 A : 512 Feet From The N Line and 832 Feet From The E LineSection 15 Township 11N Range 25E NADPM Guadalupe County

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

4571.9 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.

6-23 MIRU Mack's Drilling T.D. tubing at 492' mix and pump 15 sks.
of 15.5ppg cement. Plug # 1 at 492-300' Pull 8 jts. tubing,
fill with water T. O. spot 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 R. E. Johnson

DISTRICT SUPERVISOR

TITLE

DATE 7-27-92

CONDITIONS OF APPROVAL, IF ANY: