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 [X] FEE [ ]

6. State Oil & Gas Lease No.
L. 6331

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.)

7. Lease Name or Unit Agreement Name
O'Connell Ranch (Enhanced Recovery) Unit

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Enercap Corporation

8. Well No.
ORU # 8

3. Address of Operator
16945 Northchase Dr., Ste. 1700 Houston, TX 77060

9. Pool name or Wildcat
Wildcat, Chinle

4. Well Location
Unit Letter A : 515 Feet From The N Line and 669 Feet From The E Line

Section 15 Township 11 N Range 25 E NMPM Guadalupe County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4577.4' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

Run open ended tubing to 492'. Equilibrate 15.6 # cement to a minimum depth of 355'. Pull tubing. Fill remainder of 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 [signature] TITLE V. P. Of Operations DATE 6/12/92

TYPE OR PRINT NAME Ramon Elias TELEPHONE NO. (713) 876-0170

(This space for State Use)

APPROVED BY [signature] TITLE DISTRICT SUPERVISOR DATE 6-12-92

CONDITIONS OF APPROVAL, IF ANY: