Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

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OIL CONSERVATION DIVISION

DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088RECEIVED 30 015 28063 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE X STATEL DISTRICT III net 11.'94 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS C. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X Willow Lake 15 OTHER 2. Name of Operator 8. Well No. 2 Enron Oil & Gas Company 9. Pool name or Wildcat --3. Address of Operator P. O. Box 2267, Midland, Texas 79702 Wildcat Delaware Well Location J: 1980 Feet From The __ Line and __ 2310 south ____ Feet From The ___east_ 24S 28E Eddy Range **NMPM** County Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3006' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK **CHANGE PLANS** PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB XX **PULL OR ALTER CASING** 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.

10-5-94 - Spud 8:00 p.m.

10-5-94 - Ran 15 jts 8-5/8" 24# casing to 620.33'.

Cemented with 205 sx PSL, 2% CaCl2; 12.4 ppg, 1.98 cuft/sx, 72.2 bbls and 200 sx C1 C, 2% CaC12; 14.8 ppg, 1.34 cuft/sx, 47.7 bbls. Circulated to surface.

WOC - 15-1/2 hours.

30 minutes pressure tested to 1000 psi, OK.

(This space for State Use) SUPERVISOR. DISTRICT II			OCT 1 2 1994
SIONATURE Betty Gildon TYPE OR PRINT NAME	TITLE	Regulatory Analyst	DATE 10/6/94 915/686-3714 TELEPHONE NO.
I hereby certify that the information above is true and complete to the best of my know	vledge and helief		

APPROVED BY-