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

OIL CONSERVATION DIVISION

IT COUSEK ANTION DIAISION	WELL ADI NO
P.O. Box 2088	WELL API NO. 374/60
Santa Fe, New Mexico 87504-2088	2011 21100
Sama 1 c, New Mexico 6/304-2006	# * * · · · · · · · · · · · · · · · · ·

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO.			
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos kd., Aztec, NM 87410	6. State Oil & Gas Lease No. E-4229-4			
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			
1. Type of Well: OIL GAS OTHER	James Ranch Unit			
2 Name of Operator Enron Oil & Gas Company	8. Weii No.			
3. Address of Operator IAN 2: 8 1994	9. Pool name or Wildcat			
P. O. Box 2267, Midland, Texas 79702	Und Bone Spring			
4. Well Location Unit Letter H: 2100 Feet From The north Line and 9	90 Feet From The east Line			
Section 36 Township 22S Range 30E	NMPM Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3316.0' GR				
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 REMEDIAL WORK				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL				
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB			
OTHER: Extend Drilling Permit X OTHER:				
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103.	including estimated date of starting any proposed			
Please extend drilling permit for the above named well for 180 days from 12/7/93.				

APPROVAL VALID FOR PERMIT EXPIRES UNLESS DRILLING UNDER

I hereby unity, and use information about the section my know	rindge and build. Regulatory Analyst	DATE1/26/94
TYPEOR FRINT NAME Betty Gildon		915/686-3714 TELEPHONE NO.
(This space for State Use)		
SUPERVISOR, DISTRICT II	тп.в	FEB 1 0 1994

APPROVED BY-