

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

5. Indicate Type of Lease STATE FEE

6. State Oil & Gas Lease No. N/A

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 GAS WELL OTHER

2. Name of Operator Enercap Corporation

8. Well No. ORU # 1

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

9. Pool name or Wildcat: Wildcat, Chinle

4. Well Location Unit Letter N : 330 Feet From The S Line and 2310 Feet From The W Line Section 10 Township 11 N Range 25 E NMPM Guadalupe County

10. Elevation (Show whether DP, FRB, RT, CR, etc.) 4510.0 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 REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING 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.

Run Open ended tubing to 451'. Equilibrate 15.0 # cement to a minimum depth of 300'. 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 accurate to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE V. P. of Operations DATE 6/8/92 (713) TELEPHONE NO. 876-0170

TYPE OR PRINT NAME Ramon Elias

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

CONDITIONS OF APPROVAL, IF ANY