

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, Azusa, NM 88210

DISTRICT III  
1000 Rio Grande Rd., Azusa, NM 87410

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FED ☐

6. State Oil & Gas Lease No.  
L 6331

7. Lease Name or Unit Agreement Name

O'Connell Ranch (O'Connell  
Recovery) Unit

8. Well No.

ORN # 12

9. Pool name or Wildcat

Wildcat, Chin

BUNDRY 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 H : 1650 Feet From The N Line and 990 Feet From The Line

Section 15 Township 11 N Range 25 E NMPM Guadalupe County

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

4559.0' 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. ☐

PULL AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of work) SEE RULE 1103.

Run open ended tubing to 499'. Equilize 15.5 # cement to a minimum depth of 31'  
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 Ramon Elias

TITLE V. P. Of Operations

DATE 6/8/92

TYPE OR PRINT NAME Ramon Elias

(713)  
TELEPHONE NO. 876-0176

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

6-12-92

CONDITIONS OF APPROVAL, IF ANY