

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088

State P.O. Box 2088 Santa Fe, NM 87501-0000

WELL API NO.

5. Indicate type of Lease
STATE FEE

6. State Oil & Gas Lease No.
L 6331

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

8. Well No.
ORU # 6

9. Pool name or Wildcat
Wildcat Chinle

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.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Emercap Corporation

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

4. Well Location
Unit Letter A : 352 Feet From The N Line and 665 Feet From The E Line

Section 15 Township 11N Range 25E NMPM Guadalupe County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4579.5 Gr.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.
6/23 MIRU Mack's Drilling pull rods pump T.D. tubing at 499' mix and pump 15 sks. of 15.5ppg cement plug # 1 at 499-300' pull 8 jts. tubing fill with water T.O. spot 20' surface plug, set dry hole mkr.

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 7/15/92

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

(This space for State Use)
APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 7-27-92

CONDITIONS OF APPROVAL, IF ANY: