

JUL 13 '92 10:15

P.20/23

Submit 3 Copies
to Appropriate
District OfficeState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 1-1-89DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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 # 11

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

Emercan Corporation

3. Address of Operator

16945 Northchase Dr. Ste. 1700 Houston Tx. 77060

4. Well Location

Unit Later A : 679 Feet From The N Line and 672 Feet From The E LineSection 15 Township 11N Range 25E NMPM Guadalupe County

10. Elevation (Show whether DF, RKB, RT, CR, etc.)

4578.0 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. ☐PLUG AND ABANDONMENT ☒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.

6-24 MIRU Mack's Drilling T. D. tubing at 477 mix and pump 13sks. 15.5ppg
cement. Plug # 1 at 477-300' Pull 7 jts fill bore with water
T. O. spot 20' surface plug, set dry hole marker, clean location.

I hereby certify that the information above is true and correct to the best of my knowledge and belief.

SIGNATURE

TITLE V. P. of Operations

DATE 7/15/92

(713)

TYPE OR PRINT NAME Ramon Elias

TELEPHONE NO. 876-0170

(This space for State Use)

APPROVED BY

TITLE

DISTRICT SUPERVISOR

DATE

7-27-92

CONDITIONS OF APPROVAL, IF ANY: