	N		, C /I	
Submit 3 Copies to Appropriate District Office	State of New Mex Energy, Minerals and Natural Re		θγ	Form C-103 Revised 1-1-89
DISTRICT I	OIL CONSERVATIO	DN DIVISION		
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco	St.	WELL API NO.	
DISTRICT II	Santa Fe, NM	1 87505	30-015-307 5. Indicate Type of Lease	58
P.O. Drawer DD, Artesia, NM 88210				TE 🗶 FEE 🗌
DISTRICT III	115161718192022		6. State Oil & Gas Lease No	
1000 Rio Brazos Rd., Aztec, NM 87410	NA 15 No. COPILIN		State 2029-66 V-4989-1	
	ICES AND REPORTS ON WELL	S S		
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEEPEN C	OR PLUG BACK TO A	7. Lease Name or Unit Agr	ement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) CE/VE()			5	
1. Type of Well:		VED	Amtrack State Com	
	OTHER	(ES]A		
2. Name of Operator			8. Well No.	
Enron 011 & Gas Company			1	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 2267 Midland, TX	79702		Undes Crow Flat, Mo	orrow SE
4. Well Location Unit Letter P : 660			٨	P +
Unit Letter <u>P</u> : <u>660</u>	Feet From The South	Line and 66	Feet From The	East Line
Section 4		nge 28E	NMPM Eddy	County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)				
II. Check An	propriate Box to Indicate N		Domont on Othon F	//////////////////////////////////////
			-	
NOTICE OF IN	ITENTION TO:	SOB	SEQUENT REP	ORT OF:
		REMEDIAL WORK		
	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER: WOC less than 18 hrs	Χ	OTHER:		

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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.

Proposed casing and cement program. Unchanged as to casing and cement. Request change from 18 hrs waiting on cement before testing to Option 2 Rule 107G. Wait on cement minimum of **Comes**. Attached herewith Halliburton test report for both surface and intermediate casing for this well. Test data to be used as benchmark for, this well and others drilled by Enron.

SURFACE: WOR 14 MA SURFACE: WOR 14 MA INTERMEDIATE: WOR IZHN ONLY FOR THIS CMT TYPE AND ADDITIVES ATTHESE DEFTHS. TECO

SIGNATURE Mik Com	TITLE Agent	DATE 10/18/99
TYPE OR PRINT NAME Mike Francis		TELEPHONE NO. 915/686-3714
(This space for State Use)		
APPROVED BY	ТПLЕ	DATE 10-27-99