

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

213F

DISTRICT 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.

30 015 28960

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-4108-32

7. Lease Name or Unit Agreement Name

Sand Tank 32 State Com. (18920)

8. Well No.

9. Pool name or Wildcat

Undes Sand Tank Morrow (84872)

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

Enron Oil & Gas Company

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

4. Well Location

Unit Letter N : 660 Feet From The south Line and 1980 Feet From The west Line

Section

32

Township

17S

Range

30E

NMPM

Eddy

County

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

3555' 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: ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Additional Morrow Perforations ☒

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

11-29-96 - Perforated additional Morrow sand 11205-11208 (13) and 11217-11222 (21 shots).

11-30-96 - 24 hrs flow 213 MCFD, 64/64" chk, 500 FTP, 160 CP.

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

SIGNATURE

Betty Gildon

TITLE

Regulatory Analyst

DATE

12/6/96

TYPE OR PRINT NAME

Betty Gildon

915/686-3714

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

DEC 16 1996

CONDITIONS OF APPROVAL, IF ANY: