

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

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 29513

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-4108-58

7. Lease Name or Unit Agreement Name

Sand Tank 32 State Com. (18920)

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 J : 1650 Feet From The south Line and 1650 Feet From The east Line

Section

32

Township

17S

Range 30E

NMPM

Eddy

County

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

3567' 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.

5-16-97 - Spud 7:30 a.m.

Ran 16 joints 11-3/4" 42# H-40 ST&C casing set at 656'

Cemented with 250 sx Prem Plus, 2% CaCl, 3% Econolite, 1/4#/sx Flocele, 11.4 ppg, 2.88 cuft/sx, 128.2 bbls and 150 sx Prem Plus, 2% CaCl, 14.8 ppg, 1.34 cuft/sx, 35.3 bbls. Did not circulated cement (tagged at 87')- one-inch with 65 sx Prem Plus, 10#/sx Gilsonite, 1/4#/sx Flocele, 5/10% versa set, 2% CaCl, 14.5 ppg, 1.40 cuft/sx, 14.0 bbls. Circulated 5 sacks.

WOC - 12 hours. See attached Cement Test Report. 30 minutes pressure tested to 500 psi, O.K.

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

SIGNATURE

Betty Gildon

TITLE

Regulatory Analyst

DATE

5/19/97

TYPE OR PRINT NAME

Betty Gildon

TELEPHONE NO. 915-686-3714

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: