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Submit 3 Copies To Appropriate District State of New Mexico			Form C-103
Office Energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II District II Sint Action NM 87210 OIL CONSERVATION DIVISION		30-015	-30874
District III 2040 South Pacheco		5. Indicate Type STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505		B-956	3-8 or Unit Agreement Name:
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.)			e "21" State Com
1. Type of Well: Oil Well Gas Well X Other			
2. Name of Operator Enron Oil & Gas Company		8. Well No.	
3. Address of Operator 9.		9. Pool name of	Wildcat
P.O. Box 2267, Midland, TX 79702 Undesignate 4. Well Location			d Empire (Morrow) South
			om the West line
Section 21 Township 17S Range 29E NMPM Eddy County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
GR-3609			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Date			r Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
	COMMENCE DR	ILLING OPNS.	
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND		
OTHER: WOC less than 18 hrs	OTHER:		
 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 			
Proposed casing and cement program. Unchaged as to casing and cement.			
Request change of 18 hrs waiting on cement to:			3456789
Intermediate Casing: WOC 12 hrs			* 0
Cement and additives previously approved.			2000 2
Operator to bring cement on OCD-AFED a			
production string & SCC above shee			
C perater to bring cement production string a Sco'ab * on 85/8" casing BGA			2018119
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
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SIGNATURE Mile Clance	Agent		DATE1/4/00
Type or print name Mike Francis		Tel	ephone No. 915/686-3714
(This space for State UCRIGINAL SIGNED BY TIM W. GUM			j j
APPPROVED BY DISTRICT II SUPERVISOR 3 (ATITLE			DATE /- //- cc
Conditions of approval, if any: * Fellew eptien 2 of Rule 107			

