Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30 015 29816

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-6570-36

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.)

7. Lease Name or Unit Agreement Name
STW 11 State Com.

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator
Enron Oil & Gas Company

8. Well No.
1

3. Address of Operator
P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat
Wildcat (96732)

4. Well Location
Unit Letter G : 1980 Feet From The north Line and 1980 Feet From The east Line

Section 11 Township 18S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3507' GR

SEP 1997 RECEIVED OCD - ARTESIA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[XX]		
OTHER:	[ ]			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.

9-17-97 - Spud 8:00 a.m.

Ran 16 joints 11-3/4" 42# H-40 ST&C casing set at 654'.

Cemented with 250 sx Prem Plus + 2% CaCl + 3# Econolite & 1/4#/sx Flocele, 11.4 ppg, 2.88 cuft/sx, 128 bbls slurry and 150 sx Prem Plus + 2% CaCl, 14.8 ppg, 1.34 cuft/sx, 35 bbls slurry. Circulated 48 sacks.

WOC 18 hours. 30 minutes pressure tested to 600#, OK.

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 9/19/97

TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. (915) 686-3714

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE SEP 26 1997

CONDITIONS OF APPROVAL, IF ANY: