Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

C W

District Office									
OIL CONSERVATION DIVISION OIL ONSERVATION DIVISION 2040 Pacheco St						WELL API NO.			
DISTRICT II	11 002 11 1900	2040 Pacheco St. Santa Fe, NM 87505				30-015-30493			
P.O. Drawer DD, Artesia, NM 88210						5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Az	ntec, NM 87410					6. State Oil & G			
SUNDRY NOTICES AND REPORTS ON WELLS									
(DO NOT USE THIS I DIF	OR PLUG BACK ' MIT"	TO A	7. Lease Name		ent Name	2227777777			
1. Type of Well:						31W 23 3tat	e com.		
WELL	GAS WELL X		OTHER						
2. Name of Operator						8. Well No.			
Enron Oil & Gas C	Company					1	. X3.233 1		
3. Address of Operator P.O. Box 2267 M1	dland, TX	79702				9. Pool name or Sand Dunes		nian. U	pper)
4. Well Location Unit Letter	E : 1980	Feet From The	North	Line and	66	0 Feet Fr	om The	West	Line
							•		
Section	25 /////////	Township	18S Ration (Show whether	nge 29E		NMPM	<u>Eddy</u>	,,,,,,,,,	County
				3458' GL	, GN, 000	-			
11.	Check App	propriate Box	to Indicate	Nature of N	lotice,	Report, or	Other Dat	ta	
NOT	ICE OF IN	TENTION T	O :		SUB	SEQUEN.	T REPOR	RT OF	:
PERFORM REMEDIAL W	ORK	PLUG AND AB	ANDON	REMEDIAL WO	DRK		ALTERING	CASING	
EMPORARILY ABANDO	on 🔲	CHANGE PLA	vs \square	COMMENCE D	RILLING	OPNS.	PLUG AND	ABANDON	IMENT
PULL OR ALTER CASIN	g 🗌			CASING TEST					
OTHER:				OTHER: Plu	g Back	& Complete	additiona]	M. Mor	row X
12. Describe Proposed or work) SEE RULE		ations (Clearly state	e all pertinent deta	nils, and give pert	tinent dat	es, including esti	mated date of s	tarting an	y proposed
02/07/99 P G 02/10/99 A	erf Middle I amma Gun loa cidize Midd	1,225'. Test t Morrow (Stage 1 aded 4 spf @ 0 le Morrow 11,19	II) 11,192'-1 deg phased. 92'-11,202' d	1,202 with Total 44 ho down 2-7/8"	les. tubing	with 1000 g	al Cla-Saf		
IT	ethanol. F	oamed with 50%	coz. proppe	90 65-1.3 SG	Dalis	and flow te	St.		
				<i>,</i>		MAR 1999 RECEIVED CD - ARTESIA	1234567		
I hereby certify that the info	ormation above is tru	ie and complete to the b	est of my knowledge	and belief.	U	OU MILLOIA	<u> </u>		
SIGNATURE	L Zus	<u> </u>	тті	E Agent		·	DATE _	03/2	2/99
TYPE OR PRINT NAME M1	ke Francis					<u> </u>	TELEPHONE NO	<u>915/6</u>	86-3714
(This space for State Use)									
(ORIGINAL SI	GNED BY TIM	N. GUM						
APPROVED BY	DISTRICT II	SUPERVISOR	BGN TITL	Æ			DATE	4-9-	99