Submit 3 Copies to Appropriate District Office

215ř	
by	Forn Revi

	State of New Mexico	
Energy,	, Minerals and Natural Resources Departr	nent

DISTRICT	ī
DIGITACI	•

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

)	Form C-103 Revised 1-1-89
1	

District Cities	OIL CONCEDIA	IONI DIVITOIONI	V	
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,		30-015-30493 5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	X FEE
SUNDRY NOT	ICES AND REPORTS ON WE	ELLS		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER		N OR PLUG BACK TO A	7. Lease Name or Unit Agreen STW "25" State Com.	nent Name
1. Type of Well: OIL GAS WELL WELL	OTHER	<u>, , , , , , , , , , , , , , , , , , , </u>	JIW 25 State oom.	
2. Name of Operator			8. Well No.	
Enron 011 & Gas Company			1	
3. Address of Operator P.O. Box 2267 Midland, TX	70702		9. Pool name or Wildcat Sand Dune (Pennsylvan	sian Unner)
4. Well Location	73702		Jana Dune (remisy iva	rian, opper/
Unit Letter E : 1980	Feet From The North	1 Line and 66	Feet From The	West Line
Section 25	Township 18S	Range 29E ether DF, RKB, RT, GR, et	NMPM Eddy	County
	10. Elevation (Show wil	3458' GL		
11. Check Ap	propriate Box to Indica	te Nature of Notice,	Report, or Other Da	ta
NOTICE OF IN	NTENTION TO:	SUE	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPLUG AND	ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER: Plugback	& Complete Wolfcamp (()il Well) X
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent	details, and give pertinent da	ates, including estimated date of	starting any proposed
03/15/99 RIH with 4"	11150". Test to 4000 psi Gamma Gun loaded 2 spf @ Ifcamp 9458"-9478" with 3	60 deg. phased. Pe	•	
		125293037		
		*	(4)	
		MAR 1999 RECEIVED	3.4 45 6	
I hereby certify that the information above is t	The and complete to the hert of my knowl	OCD ARTESIA	7 /	
SIGNATURE MAKE THE SIGNATURE		тпь Agent	DATE _	03/22/99
TYPE OR PRINT NAME Mike Francis		Gerterge	TELEPHONE N	o. 915/686-3714
(This space for State Use) ORIGINAL	L SIGNED BY TIM W. GUM			