**Submit 3 Copies** to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ELL API NO.		
30_015_3	7635	
. Indicate Type of	Lease	
	STATE	FEE 📙
. State Oil & Gas I	ease No.	

1.0. Diame DD, Fallon, 141. The Control	SEP 2 1 1993	STATE X FEE	
DISTRICT III 1000 Rio Brazos kd., Aztec, NM 87410		6. State Oil & Gas Lease No. B 11556-5	
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	
1. Type of Well: Oil GAS WELL X WELL OTHER		Big Eddy Unit	
2. Name of Operator Enron Oil & Gas Company		8. Well No. 127	
3. Address of Operator P. O. Box 2267, Midland, Texas 79702		9. Pool name or Wildcat Und. Delaware	
4. Well Location  Unit Letter K : 2080 Feet From The SO	uth Line and 1	980 Feet From The West Line	
Section 16 Township 21S	Range 29E	NMPM Eddy County	
10. Elevation (Sh. 3386.7	ow whether OF, RKB, RT, GR, etc.)  GR		
11. Check Appropriate Box to I			
NOTICE OF INTENTION TO:	IBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ADMICS	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	NS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB X		
OTHER:	R: OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertine work) SEE RULE 1103.	nt details, and give pertinent dates, in	cluding estimated date of starting any proposed	

9-17-93 - Spud 8:00 p.m.

CONDITIONS OF APPROVAL, IF ANY:

9-18-93 - Ran 17 joints 11-3/4" H-40 ST&C casing to 610'.

Cemented with 200 sacks Pacesetter lite "C" 6% gel, 2% CaCl1, 1/2# Celloseal 12.8 ppg, 1.82 cuft/sx, and 200 sakcs Class C, 2% CaCl2, 14.8 ppg, 1.34 cuft/sx Circulated 109 sacks.

18 hours WOC

30 minutes pressure tested to 1000#, OK.

I hereby certify that the information above is true and complete to the road of any knowninge.	and belisf.  Regulatory Analyst	9/20/93
Betty Gildon TYPE OR PRINT NAME	TILE	915/686-3714 TELEPHONE NO.
(This space for State Use) OREGINALISIGNED BY MIKE WILLIAMS APPROVED BY SUPERVISOR, DISTRICT IS	TITLE	SEP 2 2 1993