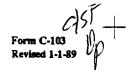
Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department



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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II

30 015 27778

WELL API NO.

Santa Fe. New Mexico, 87504-2088

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Kd., Aziec, 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:	D. 711
OIL GAS WELL OTHER	Big Eddy Unit
2. Name of Operator	8. Well No.
Enron Oil & Gas Company	132
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Pool name or Wildcat Und. Delaware
4. Well Location	ond belandle
Unit Letter J : 1980 Feet From The south Line and 1980	Feet From The east Line
	NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3367.4' GR	<i>*////////////////////////////////////</i>
	enort or Other Data
	SEQUENT REPORT OF: 3/28/94
NOTICE OF INTENTION TO.	SEQUENT REPORT OF: 3/20/94
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 CE	
OTHER:	_
OTHER.	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	ting estimated date of starting any proposed
4-2-94 - TD 6900'	
4-4-94 - Ran 149 joints 5-1/2" 15.50# J-55 LT&C casing se	et at 6156'.
Cemented with 515 sx pacesetter lite "C" + .3% C gilsonite; 12.4 ppg, 2.08 cuft/sx (191 bbls slu 8#/sx CSE (Silica Fume), .5% CF-14, .35% thrift 1.62 cuft/sx, (45 bbls slurry). Temp Survey sh	ırry) and 155 sx C1 "H" +
WOC - 22-1/2 hours. 30 minutes pr	ressure tested to 2000 psi, OK.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	41
SIGNATURE Regulatory A	Analyst DATE 4/5/94
TYPEOR PRINT NAME Betty Gildon	TELEPHONE NO.
(This space for State Use)	

APPROVED BY -