## State of New Mexico

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Form C-103 ( Revised 1-1-89	

to Appropriate District Office	Energy, Minerals and Natural Re	sources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II	P.O. Box 208 Santa Fe, New Mexico	87504-2088VED	30 015 27778
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JUN - 9.'94	6. State Oil & Gas Lease No. B 11556-5
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	LS O C D OR PLUG BACK TO A RMITARTESIA, OFFICE	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		Big Eddy Unit
2. Name of Operator	OTAL		8. Well No.
Enron Oil & Gas Comp	any		132
3. Address of Operator P. O. Box 2267, Mid1	and Taxas 70702		9. Pool name or Willeam S. Alden Lane
4. Well Location	allu, lexas /9/02		Und: Delaware
Unit Letter J : 198	60 Feet From The south	Line and 19	80 Feet From The <u>east</u> Line
Section 16			NMPM Eddy County
	10. Elevation (Show whether i	•	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check	Appropriate Box to Indicate N	3367.4' GR Nature of Notice R	eport or Other Data
NOTICE OF INT	4.4.	•	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	<b></b>	CASING TEST AND CE	EMENT JOB
OTHER:		OTHER: New Pum	ping Unit & Added Tubing X
work) SEE RULE 1103.  6-6-94 - TIH w/new 2	nions (Clearly state all pertinent details, and 1991). 1-1/2" x 1-3/4" x 26' RI 2-7/8" 8rd 6.5# J-55 to	HBC HVR pump.	ding estimated date of starting any proposed  82 ' .
I hereby certify that the information above is true SIGNATURE  TYPE OR PRINT NAME  (This space for State Use)	e and complete to the best of my knowledge and  Betty Gildon mm		TELEPHONE NO.
	R, DISTRICT IL	Е	JUN 2 2 1994

CONDITIONS OF AFFROVAL, IF ANY: