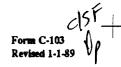Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT III
1000 Rio Brazos Kd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088 **RECEIVED**
Santa Fe, New Mexico 87504-2088

OCT - 9 1992

O. C. D.
ARTESIA OFFICE

| WELL API NO. 24352 |
| 30 015 29342 |

5. Indicate Type of Lease
STATE XX   FEE ☐

6. State Oil & Gas Lease No.
LG 8597

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

Loving 36 State

1. Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

8. Well No.
1

2. Name of Operator
Enron Oil & Gas Company

3. Address of Operator
P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat
Loving Delaware

4. Well Location

Unit Letter __N__ : __660__ Feet From The __south__ Line and __2070__ Feet From The __west__ Line

Section __36__   Township __23S__   Range __27E__   NMPM   __Eddy__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3121.4' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF: 6/29/92	
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 CEMENT JOB ☐	
OTHER: _____ ☐		OTHER: Correction on recompletion report ☒	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Corrected perforations:

Producing open-hole from 2260' to 3888'

PBTD 3888'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE Regulatory Analyst   DATE 10/7/92

TYPE OR PRINT NAME   Betty Gildon   TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR DISTRICT II

OCT 14 1992

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: