

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 Rd., Aztec, NM 87410

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

WELL API NO.  
30-015-26415

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Malaga 1 Com.

8. Well No.

1

9. Pool name or Wildcat  
Malaga (Atoka)

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.)

1. Type of Well:

OIL

WELL ☐

GAS

WELL ☒

OTHER

2. Name of Operator

Enron Oil & Gas Company ✓

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

4. Well Location

Unit Letter C : 660 Feet From The north Line and 1680 Feet From The west Line

Section 1 Township 24S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
2956.4' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

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.

8-25-90 - Spud 10:00 am

8-26-90 - Set 615' 13-3/8" 48# casing.

Cemented with 575 sx 35/65 poz c & 200 sx C1 C Circulated to surface.

15 min pressure tested to 500 psi, OK-WOC 21 hours.

8-30-90 - Set 2550' of 9-5/8" 40# & 36# K55 LT&C casing.

Cemented w/800 sx 35/65 poz C & 350 sx C1 C Circulated to surface.

30 minutes pressure tested to 1500 psi, OK - WOC 21-1/2 hrs.

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

SIGNATURE

Betty Gildon

TITLE Regulatory Analyst

DATE 9/6/90

TYPE OR PRINT NAME

Betty Gildon

TELEPHONE NO. 915/686-3714

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

SEP 11 1990

CONDITIONS OF APPROVAL, IF ANY: