Submit 3 Copies to Appropriate District Office

State of New Mexico 1 .gy, Minerals and Natural Resources Departme.

Form C-103	
Revised 1-1-89	

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

OIL CONSERVATION DIVISION P.O. BOREGREVED

Santa Fe, New Mexico 87504-2088

5.	Indicate 7	ype o	of Lease	

WELL API NO.

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

FEE STATE

DISTRICTIII	1111 7 104						
1000 Rio Brazos kd., Aztec, NM 87410	JAN 17 '91	6. State Oil & Gas Lease No. L-5364					
SUNDRY NOTICES AND F							
(DO NOT USE THIS FORM FOR PROPOSALS TO	A 7. Lease Name or Unit Agreement Name						
DIFFERENT RESERVOIR. USE *	7. Danie of Olit Agreement Ivaline						
(FORM C-101) FOR SU	CH PHOPOSALS.)						
OIL GAS TO		N 3 26 61 1					
OIL GAS WELL X	OTHER	Malaga 36 State					
2. Name of Operator		8. Well No.					
Enron Oil & Gas Company√	1						
3. Address of Operator		9. Pool name or Wildcat					
P. O. Box 2267, Midland, Texas	79702	Culebra Bluff, S (Atoka)					
4. Well Location		January - (Hooka)					
Unit Letter J: 1980 Feet From	🚃 south 🔒 1	.980 east					
Omt Detter rest From	The Line and	Feet From The Line					
Section 36 Township		NMPM Eddy County					
10.	Elevation (Show whether DF, RKB, RT, GR, etc. 2973.6' GR						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION	SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK PLUG A	IND ABANDON REMEDIAL WORL	K ALTERING CASING					
TEMPORARILY ABANDON CHANG	E PLANS COMMENCE DRI	LLING OPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING	ND CEMENT JOB XX						
OTHER:	OTHER:						
 Describe Proposed or Completed Operations (Clearly st work) SEE RULE 1103. 	tate all pertinent details, and give pertinent dates.	including estimated date of starting any proposed					
1-10-91 - Spud 2:00 pm (MST)							
1-11-91 - Set 13-3/8" 48# H-40	ST&C @ 625'.						
Cemented with 575 sx 35:65 poz C + 6% gel, 2% CaCl cello; tail with 200 sx Cl C w/2% CaCl2. Circulated to surface.							
30 minutes pressure tested to 500 psi WOC - 18 hours							

I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE SIGNATURE	& Hillow	Regulatory Analyst	DATE				
TYPE OR PRINT NAME	Betty Gildon		915/686~3714 TELEPHONE NO.				
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		JAN 2 4 1991				
APPROVED BY	SUPERVISOR, DISTRICT IF	— тт.е —————	— DATE — 1591				
CONDITIONS OF AFFROVAL, IF	ANY:						