## Submit 3 Copies to Appropriate District Office

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

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Form C-103 C Revised 1-1-89	3 1
Revised 1-1-89	Nin
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	Revised 1-1-89	
<b>API NO.</b> ) 015 2656	1	

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION BY STEN	WELL API NO.
P.O. Box 2088  DISTRICT II  P.O. Drawer DD. Armie NM 88210  Santa Fe, New Mexico 87504-2088	30 015 26564
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III  JAN 23 '91	5. Indicate Type of Lease  STATE X  FEE
1000 Rio Brazos Rd., Aztec, NIM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE (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: OIL GAS WELL WELL OTHER	Malaga 36 State
2. Name of Operator Enron Oil & Gas Company	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P. O. Box 2267, Midland, Texas 79702  4. Well Location	Culebra Bluff, S. (Atoka)
	1980 Feet From The east Line
Section 36 Township 23S Range 28E	Eddv
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2973.6 GR	NMPM County
11. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLII	
PULL OR ALTER CASING CASING TEST AND	
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1103.	
1-16-91 - Set 9-5/8" 36# K55 ST&C csg @ 2565'	
Cemented with 1100 sx $35:65$ poz C + $6\%$ D20 + $10\%$ 1.90 cuft/sx, 13.1 ppg; and 350 sacks Cl C + $2\%$ 14.8 ppg; circulated 196 sacks to surface.	% D44 + 1/4#/sx salt, yield CaCl, yield 1.32 cuft/sx,
WOC - 33-1/2 hrs. 30 minutes pressure tested	to 1500 psi, OK.
I hereby certification the information above in true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE REGULATORY I	DA16
TYPEOR PRINT NAME Betty Gildon	(915) 686-3714 TELEPHONE NO.
(This space for State Use) ORIGINAL SIGNED BY	
MIKE WILLIAMS  APPROVED BY SUPERVISOR, DISTRICT IF TITLE	JAN 2 4 1991
CONDITIONS OF APPROVAL. IF ANY:	- VAIS -