C/SF
BLM
SL
BM
CP

Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Received
AUG - 7 1992
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015-27095

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. L-6442

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [XX] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Poker Lake 32 State

2. Name of Operator: Enron Oil & Gas Company

8. Well No. 3

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

9. Pool name or Wildcat: Wildcat Delaware

4. Well Location
Unit Letter H : 1980 Feet From The north Line and 660 Feet From The east Line

Section 32 Township 23S Range 31E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
8050	Delaware	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3371' GR	Blanket-Active	Unknown at present	

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2	13-3/8	48	700	700	Circulated
11	8-5/8	24 & 32	4150	1100	Circulated
7-7/8	5-1/2	15.5 & 17	8050	200	7000

Post ID-1
9-4-92
Mud Loc + APD

Acreage is dedicated.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/27/93
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 7/29/92

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 AUG 27 1992

CONDITIONS OF APPROVAL, IF ANY:

NOTIFY N.M.O.C.D. IN SUFFICIENT TIME TO WITNESS CEMENTING THE 13 3/8 & 8 5/8 CASING