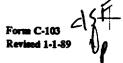
Submit 3 Copies to Appropria 2

## State of New Mexico Energy, Minerals and Natural Resources Department



District Office DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 DISTRICTI 30 015 27095 Santa Fe; New Mexico 8750 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE Y **333** DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 5 1993 L - 6442SUNDRY NOTICES AND REPORTS ON WELLS 50. C. D. ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PEUT BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X GAS -Poker Lake 32 State OTHER: 2. Name of Operator 8. Well No. Enron Oil & Gas Company Address of Operator 9. Pool name or Wildcat P. O. Box 2267, Midland, Texas 79702 Wildcat Delaware Well Location 1980 Feet From The north 660 Unit Letter Feet From The east Line and Line 32 Section 23S 31E Eddv Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3371' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 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 Y OTHER: 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. 1-6-93 - Spud 8:30 pm 1-7-93 - Ran 17 jts 13-3/8" 48# H-40 ST&C casing set at 732' Cemented with 350 sacks Halliburton Light w/1/2# flocele, 12.7 ppg, 1.84 cuft/sx; tailed with 250 sacks Prem Plus w/2% CaCl2, 14.8 ppg, 1.32 cuft/sx. Circulated 142 sacks cement. 30 minutes pressure tested to 500 psi, OK. WOC - 18 hours. I hereby certify that the information above is true and complete to the best of my knowledge and belief. mme Regulatory Analyst 1/12/93 SIGNATURE . DATE . 915/686-3714 Betty Gildon TYPE OR PRINT NAME TELEPHONE NO. ORIGINAL SIGNED BY (This space for State Use) MIKE WILLIAMS JAN 2 0 1993

APPROVED BY

SUPERVISOR, DISTRICT IT