

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

RECEIVED

JAN 14 1993

WELL API NO.

30 015 27095

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

6442

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 H : 1980 Feet From The north Line and 660 Feet From The east Line

Section 32

Township 23S

Range 31E

NMPM

Eddy

County

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

3371' 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: 1/12/93

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.

1-12-93 - Ran 93 joints 8-5/8" 32# J-55 ST&C casing set at 4155'.

Cemented with 100 sacks Hallib Lite w/10# salt & 1/4# Flocele at 12.7 ppg,
1.84 cuft/sx followed with 275 sacks Prem Plus w/2% CaCl2, 14.8 ppg, 1.32 cuft/s.
Circulated 190 sacks cement.

WOC - 18-1/2 hours. 30 minutes pressure tested to 1500 psi., OK.

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 1/13/93

TYPE OR PRINT NAME Betty Gildon

TELEPHONE NO. 915/686-3714

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT I

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 20 1993