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

JUL 1 9 1993

| WELL API NO. |
| --- |
| 30 015 27095 |

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

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

## SUNDRY NOTICES AND REPORTS ON WELLS C. L. D.
( 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

Poker Lake 32 State

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

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
West Sand Dunes 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. 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:
REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER:_New 2-7/8" tubing depth_ [XX]

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.

7-15-93 - RIH with 258 joints 2-7/8" 6.5# J-55 EUE tubing set at 7968.52'.

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 _7/16/93_

TYPE OR PRINT NAME   Betty Gildon

915/686-3714
TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY_____   TITLE_____

JUL 2 6 1993
DATE_____

CONDITIONS OF APPROVAL, IF ANY: