

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

12-9-92

WELL API NO.	30 015 27096
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	L-6442
7. Lease Name or Unit Agreement Name	Poker Lake 32 State
8. Well No.	6
9. Pool name or Wildcat	Wildcat Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3360' GR

SUNDY 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Enron Oil & Gas Company
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u> Line

Section <u>32</u>	Township <u>23S</u>	Range <u>31E</u>	NMPM <u>Eddy</u>	County <u>Eddy</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3360' GR				

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

12-9-92 - Spud 10:30 am

12-10-92 - Set 17 joints 13-3/8" 48# H-40 ST&C surface casing, set at 701'
Pumped 350 sacks Halliburton Lite + 1/2#/sx Flocele, 12.7 ppg, 1.84 cuft/sx.
Pumped 250 sacks Halliburton Prem Plus cmt + 2% CaCl, 14.8 ppg, 1.32 cuft/sx.
Circulated 85 szcks cement.

30 minutes pressure tested to 600 psi. WOC - 20 hours.

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 12/11/92
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 DEC 28 1992
CONDITIONS OF APPROVAL, IF ANY: _____