Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

DISTRIC	II			
PO Rox	1920	Hobbs	NM	8824

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Kd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088 -----

Santa Fe, New Mexico 87504-2088 $\pm \beta = 51993$

WELL API NO. 30 015 27097 5. Indicate Type of Lease

STATE X FEE

O. C. D. .. 6. State Oil & Gas Lease No.

	L-6442			
SUNDRY NOTICES AND REPORTS ON WELL				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI (FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well: OIL GAS WELL X WELL OTHER	Poker Lake 32 State			
2. Name of Operator	O WATEN			
Enron Oil & Gas Company	8. Well No. 8.			
3. Address of Operator	9. Pool name or Wildcat			
P. O. Box 2267, Midland, Texas 79702 Wildcat Delaware				
4. Well Location				
Unit Letter E: 1980 Feet From The north Line and 660 Feet From The West Line				
Section 32 Township 23S Ran	se 31E NMPM Eddy County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3349 GR				
11. Check Appropriate Box to Indicate N	ature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 1/28/				
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 X			

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.

2-2-93 - Ran 159 joints 5-1/2" 15.50# J-55 & K-55 LT&C and 26 joints 5-1/2" 17.0# J-55 & S-95 LT&C Casing set at 8050'.

Cemented with 550 sacks Hallib Lite w/6# salt & 5# Gilsonite, 12.7 ppg, yield 1.92

		s-w/8# Silicalite 6/10% Halad-322 e survey found TOC at 2530'	2 & 3# Salt; 13.6 ppg,
	WOC 25-1/4 hours.	30 minutes pressure tested to 15	00 psi.
I hereby certify that the in	formation above is true and complete to the best of n	1y knowledge and belief.	
SIGNATURE BE	my tillow	Regulatory Analyst	DATE 2/4/93
TYPE OR PRINT NAME	Betty Gildon		915/686-3714 TELEPHONE NO.
(This space for State Use)	MIKE WILLIAMS		FEB 1 5 1993
CONDITIONS OF AFFROY	SUPERVISOR, DISTRICT	TITLE	DATE ————————————————————————————————————